Department of the Treasury

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change **ELNAC** Name change PROCLAIM CUBA 81-0998343 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 700752 (972) 342-4327 836,490. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 75370 DALLAS, TX H(a) Is this a group return return
Application
pending F Name and address of principal officer: CAMERON CANTER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: PROCLAIMCUBA.ORG H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 2016 M State of legal domicile: TX Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: ELNAC DBA PROCLAIM CUBA WORKS **Activities & Governance** CLOSELY WITH A CUBAN RELIGIOUS ORGANIZATION NAMED ELNAC. THE NAME 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 634,454 836,490. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 29,483. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,061. 11 828,429. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 663,937. 12 390,869. 310,391 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 187,008. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 180,050. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 146,679. 229,880. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 724,556. 720,321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -60,619. 108,108. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 146,986. 288,648. Total assets (Part X, line 16) 5,957. 21 Total liabilities (Part X, line 26) 39,511. 三年 141,029. 249,137 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CAMERON CANTER, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/13/23 P00004539 WILLIAM H. SIMS self-employed Paid WILLIAM H. SIMS Firm's name SALMON SIMS THOMAS & ASSOCIATES, PLLC Firm's EIN 05-0568611 Preparer Firm's address 12720 HILLCREST ROAD, SUITE 500 Use Only TX 75230-2039 Phone no. (972) 392-1143 DALLAS, X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ELNAC DBA PROCLAIM CUBA WORKS CLOSELY WITH A CUBAN RELIGIOUS	
	ORGANIZATION NAMED ELNAC. THE NAME IS DERIVED FROM A SPANISH ACRONYM	
	EMPODERANDO LAS NACIONES, EMPOWERING THE NATIONS. WHILE THE US AND	
	CUBAN ENTITIES SHARE A COMMON NAME, AND A COMMON MISSION TO REACH THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 392,215 • including grants of \$ 310,391 •) (Revenue \$	
4a		<u> </u>
	IN 2022, NO MISSION SENDING ACTIVITIES WERE POSSIBLE DUE TO THE	
	PANDEMIC. GRANTS TO CUBA TOTALLED \$310,391, INCLUDING \$24,233 IN	
	HUMANITARIAN AID AND \$286,158 IN PROGRAM SUPPORT FOR CHURCH PLANTING,	
	THEOLOGICAL EDUCATION, CHILDREN'S MINISTRIES, SPORTS LEAGUES, ART/MUSIC	<u>C</u>
	PROGRAMS, AND OUTREACH MINISTRIES TO YOUTH AND YOUNG ADULTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
TD	(Code) (Expenses \$	
	- V	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 392,215.	

Form 990 (2022) ELNAC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	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			l
	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			ا
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ا
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			ا
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	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
	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		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			, v
	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,	ر		_~
40	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		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1 37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	L	X

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Pa	rt IV Checklist of Required Schedules _(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23		Х
04-	Schedule J			
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
	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		
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
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? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			, , ,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
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	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a 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 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

ELNAC 81-0998343 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, ii applicable), 990, and 990-1 (section 501(c)(5)s only) available.
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAMERON CANTER - 972-342-4327

2439 SIR BERLIN DRIVE, LEWISVILLE, ТX 75056 Form 990 (2022) ELNAC 81-0998343 Page 7

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)			(0	C)			(D)	(E)	(F)		
Name and title	(B) Average	(do		Pos	ition		one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	eck more than one person is both an a director/trustee)		n an	compensation	compensation	amount of	
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	trust		96	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	organizations below	ual tr	tional		yoldı	t con	L	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations	
(1) JEFF BYRD	2.00	=	=	0		Ξæ	4				
SECRETARY/DIRECTOR		Х		х				0.	0.	0.	
(2) CAMERON CANTER	8.00								-	-	
TREASURER/DIRECTOR		Х	١.	Х			4	0.	0.	0.	
(3) MIKE CONGROVE	2.00		1								
DIRECTOR		Х						0.	0.	0.	
(4) CATHY GROOS	8.00										
DIRECTOR		X						0.	0.	0.	
(5) EDDIE MARSHALL	8.00										
DIRECTOR		X						0.	0.	0.	
(6) ALFIE PINO	8.00										
PRESIDENT/DIRECTOR		Х		Х				0.	0.	0.	
00											
		1									
							•				

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)			(F)
Name and title	Average	Position (do not check more than one		Reportable Reportable			Esti	mated				
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	n	amo	ount of
	week		cer an	a a aii	recto	r/trus	tee)	from	from related			ther
	(list any	recto						the	organizations	- 1		ensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MIS	C/		m the
	organizations	ustee	trust		e)	bens		(W-2/1099-MISC/	1099-NEC)		_	nization
	below	ual tr	ional		ploye	t com	١.	1099-NEC)				related nizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orgai	iizations
-	,	=	=	0	×	Ξ 0	ъ.			\neg		
										1		
)	
							. () \					
								.01				
			L				4					
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)			<u></u>	1				0.		0.		0.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization		-									1	Yes No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mple	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch p	pers	on .					5	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mneneated ind	lana	nder	nt co	ntra	actor	re th	nat received more than \$	100 000 of comp	oneati	ion fron	n
the organization. Report compensation for t										Ciisati		
(A) Name and business	address	NC	ONE	C				(B) Description of s	ervices	Co	(C) ompens	
2 Total number of independent contractors (in		ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	aliUII				·							

Form 990 (2022) ELNAC
Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
ည လ	1	а	Federated campaigns 1a					
ant	-	b	Membership dues 1b					
कु ही			Fundraising events 1c	60,757.				
fts,		d		007.0.0				
ig ig								
Contributions, Gifts, Grants and Other Similar Amounts			3					
		f	All other contributions, gifts, grants, and	775,733.			A	
들됨			similar amounts not included above 1f	115,155.				
d d		_	Noncash contributions included in lines 1a-1f 1g \$		026 400			
ğ ğ		h	Total. Add lines 1a-1f		836,490.			\
				Business Code				
e S	2	а						
Program Service Revenue		b		_				
S Z		С						
am		d						
Pg		е						
P.		f	All other program service revenue					
		g	Total. Add lines 2a-2f	,				
	3		Investment income (including dividends, inte					
	_		other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	proceeds		7		
	J	'	(i) Real	(ii) Personal	65			
	_	_		(ii) i cisoriai				
	6		Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses 7b					
ē		С	Gain or (loss) 7c					
ě			Net gain or (loss)					
ther Revenue	8		Gross income from fundraising events (not					
Ğ.	Ŭ	_	including \$60,757. of					
١			contributions reported on line 1c). See					
				3a 0.				
				Bb 8,061.				
					-8,061.			-8,061.
	_		Net income or (loss) from fundraising events		-0,001.			-0,001.
	9	а	Gross income from gaming activities. See					
)a				
)b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 1	0a				
		b	Less: cost of goods sold1	0b				
			Net income or (loss) from sales of inventory					
				Business Code				
snc	11	а						
ne	-	b						
ella Ver		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		828,429.	0.	0.	-8,061.
	12		וייים ובאבוועב. סכב וווסנו ערווחווס		020,427.		. ∪•!	υ, υυ Ι •

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 310,391. individuals. See Part IV, lines 15 and 16 310,391. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 163,385. 27,383. 68,001. 68,001. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,942. 7,692. 2,250. Other employee benefits 9 6,723. 3,822. 2,901. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,347 1,347. Legal 30,570. 30,570. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,500 4,500. column (A), amount, list line 11g expenses on Sch O.) 16,670. 88,195. 71,525. 12 Advertising and promotion 17,956. 1,270. 14,961. 1,725. Office expenses 13 5,350. 2,729. 2,621. Information technology 14 Royalties 15 Occupancy 16 51,466. 48,171. 2,947. 348. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 24,142. 4,868. 19,274. Conferences, conventions, and meetings 19 20 Payments to affiliates ... 21 6,009. 132. 5,877. Depreciation, depletion, and amortization 22 345. 345. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 720,321. 392,215. 174,235. 153,871. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			145,984.	1	287,991
	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 of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
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		2,260.	4 000		4.5.5
	b	1		1,603.	1,002.	10c	657
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		· (/)	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			146 006	15	000 640
	16	Total assets. Add lines 1 through 15 (must equ			146,986.	16	288,648
	17	Accounts payable and accrued expenses			5,957.	17	39,511
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				22	
Lial	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrel				23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-			24	
	23	parties, and other liabilities not included on line	y -				
		of Schedule D		. Complete Falt X		25	
	26	Total liabilities. Add lines 17 through 25			5,957.	26	39,511
		Organizations that follow FASB ASC 958, che	eck her	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				141,029.	27	247,751
Bal	28	Net assets with donor restrictions				28	1,386
nd		Organizations that do not follow FASB ASC 9					
. Fu		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 e				30	
As	31	Retained earnings, endowment, accumulated in	ncome,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			141,029.	32	249,137
	33				146,986.	33	288,648.

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI]
1	Total revenue (must equal Part VIII, column (A), line 12)		8,429	
2	Total expenses (must equal Part IX, column (A), line 25)		0,321	
3	Revenue less expenses. Subtract line 2 from line 1	10	8,108	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	14	1,029	•
5	Net unrealized gains (losses) on investments			_
6	Donated services and use of facilities 6			_
7	Investment expenses 7			_
8	Prior period adjustments 8			_
9	Other changes in net assets or fund balances (explain on Schedule O)		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	24	9,137	•
Pa	rt XII Financial Statements and Reporting))		
	Check if Schedule O contains a response or note to any line in this Part XII			<u>]</u>
		_	Yes No	<u> </u>
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?	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.			
За	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	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

		ELNA						8	1-0998343				
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit	describe	ed 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).											
7	X												
-		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	П	An agricultural research org				ed in coni	inction with a la	nd-grant	college				
·		or university or a non-land-g											
		university:	gram concego or agric.	artaro (000 motraotiono).	21101 110 1	iamo, on,	, and state of th	o comogo	, 01				
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership	fees, and	d aross receipts from				
		activities related to its exen	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					•				
		income and unrelated busin			,								
		See section 509(a)(2). (Con		(1000 000 110 110 110 110 110 110 110 11		310 010 4011							
11		An organization organized a	-	vely to test for public sat	fety See	section 50	09(a)(4).						
12	一	An organization organized a						out the	purposes of one or				
		more publicly supported or	· ·				•						
		lines 12a through 12d that											
а		Type I. A supporting orga							aivina				
_		the supported organization											
		organization. You must o						00	.pp=9				
b		Type II. A supporting org			ion with its	s supporte	ed organization(s	s) by hav	vina				
_	, L	control or management o											
		organization(s). You mus			arrio porco	110 11101 00	The of the hage	tilo oupp	561164				
c		☐ Type III functionally inte			in connect	ion with.	and functionally	integrate	ed with				
		its supported organization							,				
c	. [☐ Type III non-functionally		=				d organiz	ration(s)				
		that is not functionally int											
		requirement (see instruct		•	•		·=	ii attoriti	7011000				
e		Check this box if the orga						Type III					
		functionally integrated, or					1,700 1, 1,700 11,	. y p o					
f	Ente	er the number of supported of											
		vide the following information	•										
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of m	nonetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)				
				above (see mistractions))									
Tota	al												

Schedule A	A (Form 990) 2022 E	LNAC				81-099	8343 Page 2
Part II	Support Schedule for	Organizations	Described in	Sections 170(l	b)(1)(A)(iv) and		
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	r if the organization	າ failed to qualify ເ	ınder Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Section	A. Public Support						
Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts,	grants, contributions, and						
memb	pership fees received. (Do not						
includ	de any "unusual grants.")	636,322.	693,714.	678,475.	599,099.	836,490.	3444100.
2 Tax re	evenues levied for the organ-						
ization	n's benefit and either paid to						
or exp	pended on its behalf						
3 The va	alue of services or facilities						
furnis	hed by a governmental unit to						
the or	ganization without charge						
4 Total.	. Add lines 1 through 3	636,322.	693,714.	678,475.	599,099.	836,490.	3444100.
5 The p	ortion of total contributions						
by ea	ch person (other than a						
gover	nmental unit or publicly						
suppo	orted organization) included						
on line	e 1 that exceeds 2% of the						
amou	nt shown on line 11,						
colum	nn (f)						824,956.
6 Public	c support. Subtract line 5 from line 4.						2619144.
Section	B. Total Support						
Calendar ye	ar (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amou	ints from line 4	636,322.	693,714.	678,475.	599,099.	836,490.	3444100.
8 Gross	s income from interest,						
divide	ends, payments received on						
secur	ities loans, rents, royalties,						
and ir	ncome from similar sources						
9 Net in	come from unrelated business		(1				
activit	ties, whether or not the						
busin	ess is regularly carried on	•					
10 Other	income. Do not include gain						
or los	s from the sale of capital						
assets	s (Explain in Part VI.)						
11 Total	support. Add lines 7 through 10						3444100.

Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	76.05 %
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	68.79 %
16a	33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, check	this box and
	stop here. The organization qualifies as a publicly supported organization		X
b	33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, c	heck this box
	and stop here. The organization qualifies as a publicly supported organization		
17a	10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, a	and line 14	is 10% or more,
	and if the organization meets the facts-and-circumstances test, check this box and $\ $ stop here. Explain in Part	VI how the	organization
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b	10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 1	17a, and lin	e 15 is 10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	n Part VI h	ow the
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	zation	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see inst	ructions

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5				(\mathcal{C})		
78	Amounts included on lines 1, 2, and			. *			
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				.		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third.	fourth, or fifth tax v	ear as a section 5	01(c)(3) organizatio	on.
				•		. , . ,	· —
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from			(י,,		18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2021. If the						 nd
	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	on did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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.)

		Yes	No
	1		
1	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
	401-		
	10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	non or type in cupper unity or guinizations		Vaa	N.
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		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 now control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	itori b. Ali Type ili oupporting organizations		V	NI -
	500 C C C C C C C C C C C C C C C C C C		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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 inst	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
<u></u> а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	. (/1	
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	tion 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-functional	ly integra	ated Type III supporting orga	unization (see

Schedule A (Form 990) 2022

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	tion D - Distributions			•	-	Current Year			
1	Amounts paid to supported organ	izations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity t	hat directly furthers exemp	t purposes of supported						
	organizations, in excess of income		2						
3	Administrative expenses paid to a	3							
4	Amounts paid to acquire exempt-u	use assets			4				
5	Qualified set-aside amounts (prior	IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Pa	art VI). See instructions.			6				
7	Total annual distributions. Add I	ines 1 through 6.			7				
8	Distributions to attentive supporte	d organizations to which th	ne organization is responsive						
	(provide details in Part VI). See ins	structions.			8				
9	Distributable amount for 2022 from	n Section C, line 6			9				
10	Line 8 amount divided by line 9 ar	nount			10				
			(i)	(ii)		(iii)			
Secti	tion E - Distribution Allocations (s	ee instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022			
		0 " -				• • • • • • • • • • • • • • • • • • • •			
1	Distributable amount for 2022 from	· ·							
2	Underdistributions, if any, for year								
	able cause required - explain in Pa								
3_	Excess distributions carryover, if a	iny, to 2022							
	From 2017								
	From 2018								
	From 2019								
	From 2020								
	From 2021								
	Total of lines 3a through 3e	*							
	Applied to underdistributions of pr	•							
	Applied to 2022 distributable amo								
_ <u>i</u>		,							
	Remainder. Subtract lines 3g, 3h,								
4	Distributions for 2022 from Sectio line 7:	e •							
	Applied to underdistributions of pr	ior years							
	Applied to 2022 distributable amo								
	Remainder. Subtract lines 4a and								
5	Remaining underdistributions for y								
Ŭ	any. Subtract lines 3g and 4a from								
	than zero, explain in Part VI. See								
6	Remaining underdistributions for 2								
Ū	and 4b from line 1. For result grea								
	Part VI. See instructions.	tor triair 2010, explain in							
7	Excess distributions carryover to	2023 . Add lines 3i							
	and 4c.	, , , , , , , , , , , , , , , , ,							
8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
_	Evenes from 2022								

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number

81-0998343 **ELNAC** Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

ELNAC

81-0998343

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 86,321.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>37,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 23,218.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ELNAC 81-0998343

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number ELNAC** 81-0998343 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfere (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ELNAC

Employer identification number 81-0998343

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		imilar Funds	or Accour	its. Complete if the
	organization anomorou 100 off off 000, falliv, iii	(a) Donor advise	ed funds	(b) Fur	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advis	sed 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 a	dvisors in writing that gr	ant funds can be	used only	() /
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for ar	y other purpose	conferring	
_	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreated)	tion or education)	Preservation o	of a historically	important land area
	Protection of natural habitat		☐ Preservation o	of a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
	Total number of conservation easements				
	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
_	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the	e organization	during the tax
	year				
4	Number of states where property subject to conservation eas			•	
5	Does the organization have a written policy regarding the per	1.1.0	_		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing con		
U	Stall and volunteer flours devoted to flloring, inspecting,	riariding of violations, at	id emorcing con	servation ease	inents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	forcing conserva	ation easemen	ts during the year
•	7 thount of expenses mounted in monitoring, mapaging, mana	ining of violations, and of	torollig conscive	ation casemen	to during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	s of section 170	(h)(4)(B)(i)	
_	and anotion 170/h///\/D\/::\0				Yes No
9	In Part XIII, describe how the organization reports conservation				d
	balance sheet, and include, if applicable, the text of the footn		•		
	organization's accounting for conservation easements.	3			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement a	and balance sl	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	, or research in f	urtherance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that des	cribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	e statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furt	herance of pul	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other similar a	ssets for financia	al gain, provide	9
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
					\$

0 - 1	dule D (Form 990) 2022 ELNAC						Q 1_	099834	3 -	2
	dule D (Form 990) 2022 ELNAC TILL Organizations Maintaining C	ollections of Art	. Histo	orical Tre	asures. O	r Other				age Z
3	Using the organization's acquisition, accession							•	iueu)	
·	collection items (check all that apply):	ori, and other records	s, oricon	arry or the i	ollowing that	i mano oig	rimodrit doc oi	11.0		
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	e			nango progre					
c	Preservation for future generations	Ü	`							
4	Provide a description of the organization's co	llections and explain	how the	av further th	e organizatio	nn's evem	nt nurnose in l	Part XIII		
5	During the year, did the organization solicit or	=		-	-			art Am.		
3	to be sold to raise funds rather than to be ma				•			Yes		No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Par		oto ii tiio	organizatio	ii answered	103 0111	OIII 550, 1 an	11, 1110 5, 01		
	Is the organization an agent, trustee, custodia		iary for c	ontribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII							103] 110
	ii res, explain the arrangement iii art xiii a	and complete the for	iowing te	abic.				Amoun	t	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year						1e	*		
							1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							. —]
Par										
	Complete	(a) Current year		rior year	(c) Two yea		d) Three years b	ack (e) Four	r vears	back
1a	Beginning of year balance	, ,	. ,			,	, ,	.,		
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships			5						
	Other expenditures for facilities			1						
ŭ	and programs	1								
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a	column (a)) held as:	<u> </u>		I		
	Board designated or quasi-endowment		% %	, σσιατιττ (α)	y riola ao.					
	Permanent endowment	%								
		2/6								
Ŭ	The percentages on lines 2a, 2b, and 2c show	-								
3a	Are there endowment funds not in the posses		tion that	are held ar	nd administer	red for the				
	organization by:	solonior the organiza	tion that	. are mora ar	ia aariiiiiotoi	00 101 1110			Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm	ent.	WITICITE IC	irius.						
	Complete if the organization answered		, Part IV,	, line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d) Boo	k valu	
	Description of property	basis (investr			(other)	. ,	reciation	(4) 500	valu	•
12	Land	<u> </u>			, ,					
U	Buildings							-		

Schedule D (Form 990) 2022

657.

657.

1,603.

2,260.

e Other

c Leasehold improvements

d Equipment

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
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 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
(1)		
(2)		
(3)		
(4)		
(5)		10
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	on Form 900 Part IV line	11d See Form 990 Part V line 15
Complete if the organization answered "Yes" of		
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [
Complete if the organization answered "Yes" (a) [(1) (2)		
Complete if the organization answered "Yes" (a) [(1) (2) (3)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	(b) Book value

Par	rt XI Reconciliation of Reve	enue per Audited Financial St	atements With Revenue po	er Return.	
	Complete if the organization	answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other supp	port per audited financial statements		1	
2	Amounts included on line 1 but not	on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on inve	stments	2a		
b		s	I I		
С					
d					
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Par				
а	Investment expenses not included of	n Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<i>1</i> 2.)	5	
Par	rt XII Reconciliation of Expe	enses per Audited Financial S	Statements With Expenses	per Return.	
	Complete if the organization	answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audit	ed financial statements		1	
2	Amounts included on line 1 but not)	
а	Donated services and use of facilitie	s	2a		
b					
С					
d					
е	Add lines 2a through 2d			2e	
3					
4	Amounts included on Form 990, Par				
а	Investment expenses not included of	n Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b		<u>)</u>	4c	
5	Total expenses. Add lines 3 and 4c.	(This must equal Form 990, Part I. line			
Pai	rt XIII Supplemental Informa	tion.			
Provi	vide the descriptions required for Part	II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Part V	, line 4; Part X, line 2; Part	t XI,
lines	s 2d and 4b; and Part XII, lines 2d and	4b. Also complete this part to provide	any additional information.		
	•				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

ELNAC					81-099834	3
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organi	zation answered "Y	es" on
Form 990, Part IV	V, line 14b.					
			ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
2 For grantmakers. Description	cribe in Part V the	e organization's p	orocedures for monitoring the use of its	s grants and oth	er assistance outs	de the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is r	eeded.)		
(a) 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 prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND				CHURCH PLAN		
THE CARIBBEAN -				THEOLOGICAL	EDUCATION,	
ANTIGUA & BARBUDA,				CHILDREN'S 1		
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	SPORTS LEAG	JES,	310,391.
			702			
			50'			
)				
3 a Subtotal	0	0				310,391.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				310 391.

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

Schedule F (Form 990) 2022

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) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &					SUPPLIES FOR CUBA	
		BARBUDA, ARUBA,	GENERAL SUPPORT	286,158.	TRANSFERS	24,233.	MINISTRIES	FMV
				S				
			.(5)					
			ecognized as charities by the f					
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	or counsel has provided a secti	ion 501(c)(3) equ	uivalency letter	>		
3 Enter total number of	other organizations of	or entities						

Part III Grants and Other Assistar Part III can be duplicated if			ites. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						27	
					5		
				110			
				S			
			C				
	7/0						

Schedule F (Form 990) 2022 ELNAC 81-0998343 Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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) Ye	S	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)	S	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 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)	S	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? If "Yes," 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) Ye	S	X No
5 6	Did the organization have an ownership interest in a foreign partnership during the tax year? # "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) Did the organization have any operations in or related to any boycotting countries during the tax year? #	s	X No
0	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Ye	s	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

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 USE OF GRANT FUNDS SENT OUTSIDE THE US IS MONITORED IN THREE WAYS: (1) VIA WRITTEN REPORTS SUBMITTED PERIODICALLY BY THE PASTOR CARLOS ALAMINO OR HIS LEADERSHIP TEAM IN CUBA, (2) VIA VERBAL COMMUNICATION BETWEEN US EMPLOYEES AND/OR DIRECTORS AND PASTOR CARLOS ALAMINO (OR HIS LEADERSHIP TEAM IN CUBA), AND (3) PERIODIC MISSION TRIPS TO CUBA TO PERFORM RELIGIOUS OR HUMANITARIAN ACTIVITIES IN CONJUNCTION WITH PASTOR CARLOS ALAMINO AND HIS LEADERSHIP TEAM. AS MISSION TEAMS FROM THE US WORK WITH OUR CUBAN COUNTERPARTS IN THE LOCAL CHURCHES, WE ALSO SET ASIDE TIME TO REVIEW THE USE OF GRANT FUNDS, REVIEW THE RESULTS OF THE ON-GOING WORK, RECEIVE REPORTS FROM THEIR LEADERSHIP TEAMS, AS WELL AS VISIT SITES ASSOCIATED WITH THE GRANT PURPOSES (LOCAL CHURCH PROGRAMS, LEADERSHIP AND THEOLOGICAL TRAINING, BIBLE STUDY GROUPS, CHILDREN'S PROGRAMS, SPORTS OUTREACH PROGRAMS, HUMANITARIAN WORKS, ETC).

PART I, LINE 3:

ACTUAL AMOUNT SENT OVER TO REGION.

PART I, LINE 3, COLUMN (E):

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, (E) SPECIFIC TYPES OF SERVICES IN REGION: CHURCH PLANTING, THEOLOGICAL EDUCATION, CHILDREN'S MINISTRIES, SPORTS LEAGUES, ART/MUSIC PROGRAMS, AND OUTREACH MINISTRIES TO YOUTH AND YOUNG ADULTS

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number **ELNAC** 81-0998343 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.						
			(a) Event #1 AUCTION	(b) Event #2 GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through		
_			(event type)	(event type)	(total number)	col. (c))		
Revenue								
Reve	1	Gross receipts	38,220.	22,537.		60,757.		
	2	Less: Contributions	38,220.	22,537.		60,757.		
	3	Gross income (line 1 minus line 2)						
	_							
	4	Cash prizes						
	5	Noncash prizes						
ses								
pen	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire								
	8	Entertainment				0.061		
	9	Other direct expenses				8,061. 8,061.		
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-8,061.		
Pa	rt l					0,00=0		
		\$15,000 on Form 990-EZ, line 6a.		5		·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)		
Rev	1	Gross revenue						
es	2	Cash prizes	• 65					
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	En	ter the state(s) in which the organization condu	icts gaming activities					
a Is the organization licensed to conduct gaming activities in each of these states?								
		No," explain:						
	_							
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	/ear?	Yes No		
b	If "	Yes," explain:						
	_							

Sch	edule G (Form 990) 2022 ELNAC	81-0998343 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a %
	An outside facility	l l
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	iount
	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	
	organization's own exempt activities during the tax year \$	ii tile
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait iii, iiiles 3, 35, 105,
_	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990) ELNAC	81-0998343	Page 4
Part IV	G (Form 990) ELNAC Supplemental Information (continued)		
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	401		
	+ 6		
	A C A		
	*		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ELNAC

Employer identification number 81-0998343

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

IS DERIVED FROM A SPANISH ACRONYM EMPODERANDO LAS NACIONES, EMPOWERING

THE NATIONS. WHILE THE US AND CUBAN ENTITIES SHARE A COMMON NAME, AND A

COMMON MISSION TO REACH THE COUNTRY OF CUBA, LATIN AMERICA AND THE

WORLD FOR CHRIST, THE ASSOCIATION BETWEEN THE TWO ENTITIES IS

VOLUNTARY. ELNAC DBA PROCLAIM CUBA OPERATES IN THE US TO SEND MISSION

TEAMS AND GRANTS TO CUBA. ELNAC IN CUBA PLANTS AND SUPPORTS CHURCHES AS

WELL AS A MULTI FACETED NETWORK OF MINISTRIES ACROSS THE ISLAND THAT

EXTENDS, TO LATIN AMERICA AND BEYOND.

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

COUNTRY OF CUBA, LATIN AMERICA AND THE WORLD FOR CHRIST, THE

ASSOCIATION BETWEEN THE TWO ENTITIES IS VOLUNTARY. ELNAC DBA PROCLAIM

CUBA OPERATES IN THE US TO SEND MISSION TEAMS AND GRANTS TO CUBA. ELNAC

IN CUBA PLANTS AND SUPPORTS CHURCHES AS WELL AS A MULTI FACETED NETWORK

OF MINISTRIES ACROSS THE ISLAND THAT EXTENDS, TO LATIN AMERICA AND

BEYOND.

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

THE FORM 990 IS INITIALLY PREPARED AND REVIEWED BY THE ORGANIZATION'S

ACCOUNTING FIRM. THE FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS

FOR COMMENTS AND REVIEW. IF THE FORM 990 IS APPROVED BY THE BOARD OF

DIRECTORS, IT IS FILED.

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

EACH DIRECTOR, OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 81-0998343 **ELNAC** DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS ELNAC IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE MINISTRY'S EMPLOYEES ON AN ANNUAL BASIS. MARKET BASED SURVEYS ARE USED TO ESTABLISH APPROPRIATE COMPENSATION BASED ON RESPONSIBILITIES OUTLINED IN THE EMPLOYEE'S JOB DESCRIPTIONS. COST OF LIVING DATA AND PERFORMANCE REVIEWS ARE DONE ON AN ANNUAL BASIS AS WELL TO DETERMINE POTENTIAL ADJUSTMENTS TO SALARIES. ANY ADJUSTMENTS ARE APPROVED BY VOTE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILBLE TO ANYONE WHO WISHES TO REVIEW THEM. COPIES ARE AVAILABLE UPON WRITTEN REQUEST.