WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> FRIENDS OF THE DOMES, INC. 524 S LAYTON BLVD MILWAUKEE, WI 53215

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	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fror		come Tax	OMB No. 1545-0047		
For	_ <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			<b>3</b> 2022		
	-		Do not enter social security numbers on this form as it ma			Open to Public		
Depa Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	test info		Inspection		
Α	For th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1$ , $2022$ and endin	g JU	JN 30, 2023			
В	Check if applicab	le: C Name o	organization	1	D Employer identific	ation number		
Г	Addre		NDS OF THE DOMES, INC.					
	Name Change Doing business as 39-172779					92		
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number			
	Final return		S LAYTON BLVD		(414) 25'	7-5608		
_	termir ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	4	G Gross receipts \$	1,507,774.		
	return		AUKEE, WI 53215		<b>H(a)</b> Is this a group re			
	tion pendi	ina	nd address of principal officer: CHRISTA BEALL DIEFENBA		for subordinates			
		empt status:	AS C ABOVE $\mathbf{\overline{X}}$ [501(a)() [501(a)() ] [100000000] [1000000000] [10000000000	527	H(b) Are all subordinates in			
	Nebsi		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or AUKEEDOMES - ORG		H(c) Group exemption	list. See instructions		
		f organization:				State of legal domicile: WI		
	art I	Summary		. 1001 01				
	1		e the organization's mission or most significant activities: <b>PROVIDE</b>	S ED	UCATIONAL A	ND		
S			HIP PROGRAMMING, RETAIL SERVICES, FUN					
Governance	2							
love	3	Number of vot		12				
		Number of inc	ependent voting members of the governing body (Part VI, line 1b)			12		
Activities &	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			25		
iviti	6	Total number	of volunteers (estimate if necessary)			107		
Acti	7 a		d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
		O and the diama			Prior Year 289,805.	Current Year 466,585.		
an	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		289,803.	48,051.		
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		234,873.	36,057.		
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		157,227.	145,268.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		706,539.	695,961.		
			nilar amounts paid (Part IX, column (A), lines 1-3)		6,598.	10,172.		
			co or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		292,667.	396,903.		
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.		
be	. b		ng expenses (Part IX, column (D), line 25) 84,226.					
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		210,018.	256,723.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		509,283.	663,798.		
		Revenue less	expenses. Subtract line 18 from line 12		197,256.	32,163.		
Assets or				Begi	nning of Current Year	End of Year		
sset	20	Total assets (F			2,764,954.	3,045,757.		
etA	21		(Part X, line 26)		37,698.	65,017.		
<b>D</b> Net	art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		2,727,256.	2,980,740.		
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								

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

Sign	Signature of officer			Date					
-	<u>CHRISTA BEALL DIEFENBACH,</u>	EXECUTIVE DIRECT	FOR						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	JENNY TARKOWSKI, CPA	JENNY TARKOWSKI,	CPA 03/21	/24 self-employed	₽00634290				
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031				
Use Only	Firm's address 2921 LANDMARK PL	STE 300							
	MADISON, WI 53713-4236 Phone no. (608) 274-4020								
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2022) FRIENDS OF THE DOMES, INC.	39-1727	792	Page 2
Pai	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			🗌
	Briefly describe the organization's mission:			
	THE FRIENDS OF THE DOMES MISSION IS TO PROMOTE AND SUPPOR	T THE		
	MITCHELL PARK HORTICULTURAL CONSERVATORY (THE DOMES) AND		DING	
	PARK BY CREATING AND ENHANCING THE VISITOR EXPERIENCE OF			.v
	SIGNIFICANT URBAN DESTINATION.	11110 01	ODIILI	
2	Did the organization undertake any significant program services during the year which were not listed on the	Г		v.
	prior Form 990 or 990-EZ?	L	Yes	XNc
	If "Yes," describe these new services on Schedule O.	F		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes	
	If "Yes," describe these changes on Schedule O.			
ŧ	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by ex	penses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expe	enses, an	d
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 271, 128. including grants of \$ 10, 172. ) (Revenu	e\$	48,0	)51.
	EDUCATION, PROGRAMS, AND DOMES PROJECTS - FRIENDS OF THE		ANAGE	ES
	AN EDUCATION CENTER THAT IS OPEN TO THE PUBLIC AS WELL AS			
	FAMILY PROGRAMS; ADULT EDUCATION; SCHOOL FIELD TRIPS; CUI			2
	AND OTHER ACTIVITIES. IN ADDITION, THE ORGANIZATION PROVI			
	A VARIETY OF PROJECTS THAT ENHANCE THE DOMES AND THE VISI			<u> </u>
	EXPERIENCE.	10K		
	EAPERIENCE.			
4b	(Code:) (Expenses \$115,816. including grants of \$0. (Revenu	e\$		0.
	VOLUNTEERISM AND MEMBERSHIP - FACILITATES AN EXCITING AND		NG	
	HANDS-ON EDUCATION SPACE FOR DOMES VISITORS THROUGH EDUCA			
	LEADERS, FIELD TRIPS AIDES, SPECIAL EVENTS, AND ASSISTANC			p –
	AND FAMILY WORKSHOPS FOR OTHERS TO APPRECIATE THE HORTICU			
	FACILITY. THE ORGANIZATION HAS OVER 4,000 MEMBERS AND VO		S THI	ላጥ
	CONTRIBUTE MORE THAN 1,000 HOURS ANNUALLY.		0 1111	11
	CONTRIBUTE MORE THAN 1,000 HOORS ANNOADDI.			
4c	(Code:) (Expenses \$78,973. including grants of \$0. ) (Revenu	e\$	176,3	387.
	GIFT SHOP - THE DOMES GIFT SHOP ENHANCES THE EXPERIENCE A		RS A	
	WIDE SELECTION OF EDUCATIONAL MATERIALS, GIFTS, BOOKS, PI			
	SOUVENIR ITEMS THAT ARE RELATED TO ITS EXHIBITIONS AND PR			
	GIFT SHOP ALSO PROVIDES SUPPORT TO THE LOCAL ECONOMY THRO			r
			RUING	7
	ARTISTIC AND EDUCATIONAL GIFT ITEMS CREATED BY MILWAUKEE	AREA		
	BUSINESSES AND ARTISTS.			
44	Other program services (Describe on Schedule O)			
чu	Other program services (Describe on Schedule O.)		`	
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses465,917.		-	
			Form 9	<b>90</b> (2022
2002	2 12-13-22			
	3 21 788028 15028 5AU01 2022 05070 FRIENDS OF THE			

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Form 990 (		liat of I	FRIE			_
Part IV	і спеск	list ot i	Required	Sche	eaule	,S

			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	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			<u> </u>
	complete Schedule G, Part III	19		х
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		Х
232003	3 12-13-22	Form	990	(2022)

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 Form 990 (2022)
 FRIENDS OF THE DOMES, INC.
 39-1727792
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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			
	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 X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(2022)
232004	<sup>4</sup> 12-13-22 5	rorm	550	(2022)

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Form 990 (2022) FRIENDS OF THE DOMES, INC. 39-1727792 Page					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 25				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	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				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	If "Yes," enter the name of the foreign country				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
52	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		x	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>	
Ua		6a		x	
<b>h</b>	•	0a		<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch			
-	were not tax deductible?	6b		<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).	_		v	
a	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		x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v	
	to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>	
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				
232005	j 12-13-22	Form	990	(2022)	

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Form 990 (2022)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					A
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision			
			1			77

	of officers, directors, trustees, or key employees to a management company or other person?	3		Λ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			

	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
47	Lightly states with which a constraint $\Gamma_{\rm even}$ 000 is seen in the first $WT$			

List the states with which a copy of this Form 990 is required to be filed <u>WI</u> 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 CHRISTA BEALL DIEFENBACH - (414) 257-5608 524 S LAYTON BLVD, MILWAUKEE, WI 53215

232006 12-13-22

2022.05070 FRIENDS OF THE DOMES, INC 15028.51

Form 990 (2022)

7

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compen	sated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	below	ual tr	tional		voldr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTA BEALL DIEFENBACH	40.00	_	_				-			
EXECUTIVE DIRECTOR				х				84,808.	Ο.	0.
(2) JEREMY GUTH	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) PETER SMILEY	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) BEVERLY SMILEY	2.00									
TREASURER		Х		х				0.	0.	0.
(5) MARGARET WITTIG	2.00									
SECRETARY		Х		х				0.	0.	0.
(6) TOM MORTENSEN	2.00									_
BOARD MEMBER		х						0.	0.	0.
(7) MIKE ROEMER	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(8) JACK SMILEY	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) MARIANNE SCHMID	1.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) KAREN VON RUEDEN	2.00							•	0	0
BOARD MEMBER (11) JENNE HOHN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(12) PAT HABANEK	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) ELLEN WILKINSON	1.00									
BOARD MEMBER		x						0.	0.	0.
		1								
222007 12 12 22										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

	990 (2022) FRIENDS C	)F THE D	NO₩	IES	,	IN	IC.			39-17	27	792	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		۱ than c	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		an	nount	of
		week		cer an	d a di	irecto	or/trust	tee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MISC	;/		om th	
		organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat d relat	
		below	lual tr	tional		yolqr	st con yee	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	a neach	0110
					0	×	9 T 9				$\rightarrow$			
			1											
											$\neg$			
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
1b	Subtotal		•						84,808.		0.			0.
с	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								84,808.		0.			0.
2	Total number of individuals (including but no								eceived more than \$100,	000 of reportable				
	compensation from the organization													0
	· · ·												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for su											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a										··· [			
	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	ensat	ion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				C	)						000	

232008 12-13-22

	n 990 (i			THE DOMES,	INC.		39-1727	792 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respor	nse or note to any lin	(			
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
nts	1 a	Federated campaigns						
Sral out	b		<u>1b</u>	227,730.				
Am (	С	Fundraising events		70,368.				
lar Giff	d	Related organizations						
ja,	е	Government grants (contri						
ero	f	All other contributions, gifts,		1 6 0 1 0 7				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		168,487.				
ont od (	g	Noncash contributions included in I						
<u> </u>	h	Total. Add lines 1a-1f		Business Code	466,585.			
	-		CCFC	713990	48,051.	48,051.		
ice	2 a	EDUCATION CLA			40,051.	40,051.		
erv ue	b							
ven S	C L							
Program Service Revenue	d							
Pro	e f	All other program service	revenue					
-	r a	Total. Add lines 2a-2f			48,051.			
	3	Investment income (includ			,			
	Ū				62,518.			62,518.
	4	Income from investment o						
	5	Royalties	-					
	-	···· <b>j</b> -·····	(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti					
		assets other than inventory	7a 543,84	3.				
	b	Less: cost or other basis						
en		and sales expenses	7ь570,30					
venue	С	Gain or (loss)	7c - 26,46	1.				
Re	d	Net gain or (loss)			-26,461.			-26,461.
Other Re	8 a	Gross income from fundraisin	•					
ð		including \$ 70						
		contributions reported on		10 005				
		Part IV, line 18		8a 10,935.				
		Less: direct expenses		8b 42,054.	21 110			21 110
		Net income or (loss) from t	-	ts	-31,119.			-31,119.
	9 a	Gross income from gaming	•					
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from (						
	io a	Gross sales of inventory, le		10a375,842.				
	h	and allowances Less: cost of goods sold		10b199,455.				
		Net income or (loss) from s			176,387.	176,387.		
	C			Business Code	1,0,007.	1,0,507.		
sn	11 a							
neo	n a b							
ella ver	c							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructio			695,961.	224,438.	0.	4,938.
23200	9 12-13-				· · ·		-	Form <b>990</b> (2022)

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FRIENDS OF THE DOMES, 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).

INC.

Doi	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,172.	10,172.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	~~~~~			1 - 0
	trustees, and key employees	89,807.	49,394.	22,452.	17,961
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	277,136.	236,771.	2,636.	37,729
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
)	Payroll taxes	29,960.	23,365.	2,048.	4,547
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	33,058.		33,058.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,944.		12,944.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	14,379.	10,478.	1,211.	2,690
2	Advertising and promotion	9,546.	5,812.	3,734.	
3	Office expenses	146,899.	99,746.	32,555.	14,598
4	Information technology	26,342.	19,195.	2,219.	4,928
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	901.			901
D	Interest	261.	190.	22.	49
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	8,157.	7,051.	343.	763
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)				
a b					
c					
d					
	All other expenses	4,236.	3,743.	433.	60
е 5	Total functional expenses. Add lines 1 through 24e	663,798.	465,917.	113,655.	84,226
5 6	Joint costs. Complete this line only if the organization				01,220
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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FRIENDS OF THE DOMES,	INC.
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_		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		151,800.	1	169,628.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,448.	4	0.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		34,285.	8	30,289.
Ä	9			0.	9	8,377.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		2,566,330.	11	2,809,600.
	12	Investments - other securities. See Part IV, line 1	1	9,091.	12	11,842.
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	16,021.
	16	Total assets. Add lines 1 through 15 (must equa		2,764,954.	16	3,045,757.
	17	Accounts payable and accrued expenses		35,024.	17	55,067.
	18	Grants payable		0.674	18	
	19	Deferred revenue		2,674.	19	9,950.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
Liat	00	controlled entity or family member of any of thes			22	
	23 24	Secured mortgages and notes payable to unrela			23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			24	
	25	parties, and other liabilities not included on lines				
			, .		25	
	26	Total liabilities. Add lines 17 through 25		37,698.	26	65,017.
		Organizations that follow FASB ASC 958, che	ck here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			2,698,606.	27	2,890,776.
Bal	28	Net assets with donor restrictions		28,650.	28	2,890,776. 89,964.
pu		Organizations that do not follow FASB ASC 9				
Fu		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31	
Net	32	Total net assets or fund balances		2,727,256.	32	2,980,740.
	33	Total liabilities and net assets/fund balances		2,764,954.	33	3,045,757.
						Form <b>990</b> (2022)

39-1727792 Page 11

Form 990 (2022)
Part X Balance Sheet

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Form	1990 (2022) FRIENDS OF THE DOMES, INC.	39-	1727792	Pag	<sub>ge</sub> 12
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)	1	695	5,9	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	663	3,79	98.
3	Revenue less expenses. Subtract line 2 from line 1	3	32	2,10	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,727	7,2	56.
5	Net unrealized gains (losses) on investments	5	221	.,3:	21.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,980	),74	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Т

### Name of the organization

Nam	e of t	he organization							r identification number
		FRIE	NDS OF THE	DOMES, IN					9-1727792
Par	tl	Reason for Public (	Charity Status.	All organizations m	ust complete t	his part.) S	ee instruction	S.	
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 1	12, check only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches desci	ribed in <b>sectio</b>	on 170(b)(1	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described i	in section 170	0(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hos	pital described	l in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5 [		An organization operated for		lege or university ov	wned or operat	ed by a go	overnmental u	nit describ	ed in
r		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [		A federal, state, or local gov	vernment or governm	nental unit described	d in section 1	70(b)(1)(A)	(v).		
7		An organization that norma	-	ntial part of its supp	ort from a gove	ernmental	unit or from th	ne general	public described in
r		section 170(b)(1)(A)(vi). (C							
8 [		A community trust describe			-				
9 [		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructio	ons). Enter the	name, city	, and state of	the college	eor
	v	university:							
10 [	X	An organization that norma						-	•
		activities related to its exem							-
		income and unrelated busin		(less section 511 ta	x) from busines	sses acqui	red by the org	janization a	after June 30, 1975.
		See section 509(a)(2). (Con	. ,		a antata Car		20(-)(4)		
11 [		An organization organized a	-		-			way out the	numeros of one or
12 [		An organization organized a more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga				-		-	aivina
a	L	the supported organization	-	-	• •	-			
		organization. You must c			eet a majority t				apporting
b		<b>Type II.</b> A supporting org	-		nection with it	s sunnorte	organizatio	n(s) by hay	vina
	L	control or management o	-				-		-
		organization(s). You mus						ge the supp	
с		] Type III functionally inte	-		ated in connec	tion with. a	and functional	lv integrate	ed with.
-		its supported organization						.,	,
d		] Type III non-functionally	.,.,,				-	ted organi	zation(s)
		that is not functionally int	• •	00	•			•	
		requirement (see instructi	с с	<b>v</b>			-		
е		Check this box if the orga	-	-				II, Type III	
		functionally integrated, or							
f	Ente	r the number of supported o	organizations						
g		ride the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organizat (described on lines 1	in your govern	anization listed ing document?	(v) Amount of	2	(vi) Amount of other
		organization		above (see instruction		No	support (see ir	istructions)	support (see instructions)
Total									1

Schedule A	(Form	990)	2022

Pa	IT II Support Schedule for	Organizations	<b>Described</b> in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I c	r if the organizatio	on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,	,	,				
13	First 5 years. If the Form 990 is for the	8		,	,	()()	
Se	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the c					· · ·	
100	stop here. The organization qualifies						
ŀ	<b>33 1/3% support test - 2021.</b> If the d		0				
	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	· · ·		
٢	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
							····· ·

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990) 2022

232022 12-09-22

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

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

#### Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 161,472 141,370. 178,750. 289,805. 466,585. 1237982. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 233,296. 59,140. 23,936. 326,642. 48,051. 691,065. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 386,777. 31,129. 301,847. 719,753. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 901,413. 488,114. 374,666. 269,019. 615,588. 2648800. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 2648800. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 488,114. 901,413. 2648800. 9 Amounts from line 6 374,666. 269,019. 615,588. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 42,695. 72,172. 60,324. 57,631. 62,518. 295,340. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 698. 698. acquired after June 30, 1975 60,324. 57,631. 42,695. 72,870. 62,518. 296,038. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 548,438. 432,297. 311,714. 688,458. 963,931. 2944838. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 89.95 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 90.06 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 10.05 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 9.94 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

16

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1

2

Yes No

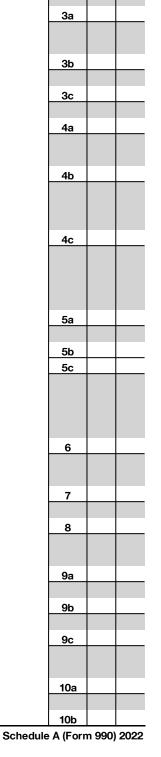
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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e A (Form 990) 2022	FRIENDS	OF	THE	DOMES,	INC

No

Yes No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

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

Section D. All	Type III Supportir	ng Organizations

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

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

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

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

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

18

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

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

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

3b Schedule A (Form 990) 2022

2a

2b

3a

Schedu Part IV Supporting Organizations (continued)

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Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	tod Type III supporting orga	nization (soo

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

FRIENDS OF THE DOMES, INC	FRIENDS	OF	THE	DOMES,	INC
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Schedule A (Form 990) 2022

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

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

Section D - Distributions

39-1727792 Page 7

**Current Year** 

Schedule A (Form 990) 2022

#### FRIENDS OF THE DOMES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

chedule A (	Form 990) 2022	FRIENDS	OF	THE	DOMES,	INC.	39-1727792 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section E Section D, lines 5, 6, an	rmation. Provi 1, 2, 3b, 3c, 4b, 4 ), lines 2 and 3; Pa d 8: and Part V, S	de the Ic, 5a, art IV, S ection	explana 6, 9a, 9b Section B F lines (	tions required b, 9c, 11a, 11 E, lines 1c, 2a 2, 5, and 6, A	d by Part II, li b, and 11c; F a, 2b, 3a, and Iso complete	ine 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.
	(See instructions.)			2, 11100 /	2, 0, and 0. /		
32028 12-09-22	)						Schedule A (Form 990) 20

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

Employer identification number

	FRIENDS OF THE DOMES, INC.	39-1727792
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

#### **Special Rules**

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

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

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

**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.

Schedule B (Form 990) (2022)

#### Schedule B (Form 990)

(FOULD 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Name of organization

Employer identification number

FRIENDS OF THE DOMES, INC.

39-1727792

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	Name, audress, and ZiP + +	\$5,000.	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
2		\$14,500.	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
3		\$ <u>20,000.</u>	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
4_		\$5,000.	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		\$ <u>20,000.</u>	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
6		\$5,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

23

15310321 788028 15028.5AU01

Name of organization

Page 3

Employer identification number

39-1727792

FRIENDS OF THE DOMES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	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  PRIENDS OF THE DOMES, INC.  PRIIL DOMES, INC. PRIIL DOMES	Schedule E	B (Form 990) (2022)		Page <b>4</b>			
Part III Exclusive religious, charatishis, etc., contributions to expandiation described in eaction 501(c7)(6), or (10) that beam or han \$1.000 for the year the one contributions of the local prior any field of exclusion grant, the control of the local prior any field of the l	Name of o	rganization		Employer identification number			
Part III Exclusive religious, charatishis, etc., contributions to expandiation described in eaction 501(c7)(6), or (10) that beam or han \$1.000 for the year the one contributions of the local prior any field of exclusion grant, the control of the local prior any field of the l	FRTENI	DS OF THE DOMES INC		39-1727792			
completing furtill, the the base of exclusion updates, constructions of \$1000 or flees (or they areExit the list do cores.) \$		Exclusively religious, charitable, etc., contribution		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (d) Description of how gift is held         (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (g) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (g) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (g) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (g) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Fart 1       (b) Purpose of gift       (c) Use of gift		<ul> <li>from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III.</li> </ul>	through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	try. For organizations less for the year. (Enter this info. once.)			
Part I       Image: Construction of the second	(a) No	Use duplicate copies of Part III if additional s	space is needed.				
(a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) Description of how gift is held       (e) Transfer of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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(a) No. Form Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Transfer of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No.       (c) Use of gift       (d) Description of how gift is held       (e) Transfer of gift         (c) Transfer of gift       (e) Transfer of gift       (d) Description of ho			ad <b>7</b> ID + 4	Polationship of transform to transform			
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Part I	-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Part I							
Part I							
Part I	(a) No.						
(a) No. rom rom Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use	(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	Farti						
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee							
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee							
(a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held	-		(e) Transfer of gif	ft			
(a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held				<b>-</b>			
Part I Part I (e) Transfer of gift	-	Iransferee's name, address, a		Relationship of transferor to transferee			
Part I Part I (e) Transfer of gift							
Part I Part I (e) Transfer of gift							
Part I Part I (e) Transfer of gift	(a) No.						
	from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	_						
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee			(e) Transfer of gif	ft			
		Transferee's name. address. a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee			
	ľ						

Schedule B (Form 990) (2022)

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		0			L OMB No 1545 0047
	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizatior			Emplo	yer identification number
_		FRIENDS OF THE DOM			39-1727792
Pa		answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds or A	ccounts	Complete if the
	organization		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4	Aggregate value at e	end of year			
5	-		writing that the assets held in donor advised fur		
			exclusive legal control?		Yes 🔛 No
6	0	0, , ,	dvisors in writing that grant funds can be used	,	
			r donor advisor, or for any other purpose confer	•	Yes No
Pa			ganization answered "Yes" on Form 990, Part IV		
1		rvation easements held by the organization		,	
	Preservation of	of land for public use (for example, recreat	tion or education)	torically im	portant land area
	Protection of ı	natural habitat	Preservation of a cer	tified histo	ric structure
	Preservation of				
2		rrough 2d if the organization held a qualif	ied conservation contribution in the form of a co		
	day of the tax year.				eld at the End of the Tax Year
				2a	
b c	•		ucture included in (a)	2b 2c	
d		ation easements included in (c) acquired a		20	
u				2d	
3			eased, extinguished, or terminated by the orgar		ring the tax
	year				
4		here property subject to conservation eas			
5	8	on have a written policy regarding the per			
6		rcement of the conservation easements it			
6	Stall and volunteer i	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easeme	ents during the year
7	Amount of expenses		lling of violations, and enforcing conservation ea	asements (	during the year
-	· ····		······g - · · · · · · · · · · · · · · ·		
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	B)(i)	
	and section 170(h)(4	4)(B)(ii)?			Yes No
9	In Part XIII, describe	how the organization reports conservation	on easements in its revenue and expense stater	ment and	
			note to the organization's financial statements th	nat describ	es the
Dai		unting for conservation easements.	Art, Historical Treasures, or Other S	Similar /	lecate
I a		he organization answered "Yes" on Form		Sinnar 7	-33613.
19			8, not to report in its revenue statement and ba	lance shee	at works
ia	•		blic exhibition, education, or research in furthera		
			ncial statements that describes these items.		
b	· •		8, to report in its revenue statement and balanc	e sheet w	orks of
	-		exhibition, education, or research in furtherance		
	provide the following	g amounts relating to these items:			
	(i) Revenue include	ed on Form 990, Part VIII, line 1			
	.,			-	
2	-		asures, or other similar assets for financial gain,	provide	
_	-	nts required to be reported under FASB A	-	•	
	Assets included in F				
-		duction Act Notice, see the Instructions		······ +	chedule D (Form 990) 2022

232051 0	9-01-22		

		2	6				
n	2	S		Λ	E	Λ	

Sche	dule D (Form 990) 2022 FRIENDS	OF THE DOM	ES, INC.			39-17	2779	2 р	'age <b>2</b>
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):		<u> </u>						
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	•		•		ose in Part	XIII.		
5	During the year, did the organization solicit or			•	r assets	_	-		_
	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" or	n Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	or other intermedia	ary for contributions	s or other assets not	included				
ia	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII ar					∟		L	
D.			owing table.				Amoun	t	
~	Reginning balance				1c		,	-	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance						Yes		No
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII. C				• • • • • •			-	
Par						<u></u>	<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r vears	hack
10	Paginning of year balance	2,562,441.	2,337,146.	2,151,575.	. ,	092,504.	. ,	,	731.
	Beginning of year balance	14,570.	722,216.	1,859.	<u> </u>	1,350.			,645.
	Contributions								
	c Net investment earnings, gains, and losses 257, 374447, 351. 196, 746. 68, 881.								
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs	0.007.000	40 570	12.024		11 1 0			
	Administrative expenses	2,827,000.	49,570.	,		11,160.		,	,809.
-	End of year balance	7,385.	2,562,441.		<u>ک</u> ,	151,575.	2	,092,	,504.
2	Provide the estimated percentage of the curre			) held as:					
	Board designated or quasi-endowment	.0000	_%						
	Permanent endowment 90.2500	%							
С	Term endowment 9.7500 %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administered for t	he		1		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X X
	If "Yes" on line 3a(ii), are the related organizati						3b		
4	Describe in Part XIII the intended uses of the c		/ment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm	• •		Accumula epreciatio		( <b>d)</b> Boo	k valu	е
10	Land		, 2000						
	Land								
	Buildings								
	Leasehold improvements		<u> </u>						
	Equipment								
	Other								0.
Iota	. Add lines 1a through 1e. (Column (d) must eq	<u>uai Form 990, Part X</u>	<u>, column (B), line 1</u>	UC.)				- 000	
						Schedule	ורסרו) ע	1 990)	12022

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
	,	the organization's financial statements t	

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

39-1727792 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2022 FRIENDS OF THE DOMES, INC.	39-1	1727792 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,179,062.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 44,150.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -12,944.		
е	Add lines 2a through 2d	2e	252,527.
3	Subtract line <b>2e</b> from line <b>1</b>	3	926,535.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -230, 574.		
с	Add lines <b>4a</b> and <b>4b</b>	4c	-230,574.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	695,961.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	925,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 44,150.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 230,574.		
е	Add lines 2a through 2d	2e	274,724.
3	Subtract line 2e from line 1	3	650,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,944.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	12,944.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	663,798.
Pa	t XIII Supplemental Information.		

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

#### PART V, LINE 4:

LONG-TERM SUPPORT AND FULFILLMENT OF THE FRIENDS OF THE DOMES MISSION

STATEMENT.

DURING THE YEAR ENDED JUNE 30, 2023, THE BOARD OF DIRECTORS APPROVED THE

APPROPRIATIONS OF ALL REMAINING FUNDS FROM BOARD-DESIGNATED ENDOWMENT TO

29

BOARD-DESIGNATED INVESTMENTS FOR GENERAL USE.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,

<u>LINE 11F</u>

-12,944.

232054 09-01-22

Schedule D (Form 990) 2022         FRIENDS OF THE DOMES, INC.           Part XIII         Supplemental Information (continued)	39-1727792 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE	
<u>10B</u>	-199,455.
DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART IX,	
LINE 8B	-31,119.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE	
<u>10B</u>	199,455.
DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART IX,	
LINE 8B	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal l	nforma	ation Re	garding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									2022	
Department of the Treasury	U										Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection				
Name of the organization	FRIENDS	OF	ጥዝድ	DOMES	TNC					Employer id 39-172	entification number
Part I Fundrais							es" or	n Form 990, Part IV, I	ine 17		
	complete this part										
c Phone solicit d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	r oral a art VII) riduals	agreemen or entity or entitie	e f g nt with any in connect	Solicita Solicita Special individual tion with p	tion of tion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
	ast \$5,000 by the	organiz	<u></u>			<u>т                                    </u>		1			
(i) Name and address or entity (fund		(ii) Activity ha			(iii) fundr have c or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
						Yes	No				
Total						1	1				
3 List all states in whi or licensing.	ch the organizatio	n is reg	jistered c	or licensed	l to solicit d	contrib	utions	or has been notified	it is e	xempt from r	egistration

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Schedule G (Form 990) 2022

232081 10-27-22

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

			(a) Event #1 ART IN THE GREEN	(b) Event #2 DAY OF THE DEAD	(c) Other events	(d) Total events (add col. (a) through col. (c))
۵			(event type)	(event type)	(total number)	coi. (c))
Hevenue	1	Gross receipts	41,329.	14,498.	23,084.	78,911
	2	Less: Contributions	40,621.	10,719.	17,920.	69,260
	3	Gross income (line 1 minus line 2)	708.	3,779.	5,164.	9,651
	4	Cash prizes				
ار ارد	5	Noncash prizes				
bense	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	708.	1,529.	5,164.	7,401
ā	8	Entertainment		2,250.		2,250
	9	Other direct expenses	1 1 1 1 1 1	5,073.	5,844.	30,433
		Direct expense summary. Add lines 4 through				40,084
		Net income summary. Subtract line 10 from I				-30,433
	4		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
	1	Gross revenue				
enses		Cash prizes				
Ulrect Expenses		Noncash prizes				
הוי		Rent/facility costs				
┥		Other direct expenses	Yes%		Yes%	
		Volunteer labor	<b>No</b>	No	No	
		Direct expense summary. Add lines 2 through				
		Net gaming income summary. Subtract line 7				
а	ls t	er the state(s) in which the organization condune ore organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes N
۱a	We	re any of the organization's gaming licenses re			ear?	Yes No
	lf "`	Yes," explain:				

Sched	ule G (Form 990) 2022	FRIENDS OF	' THE	DOMES,	INC.	39-1	727792	Page 3
<b>11</b> D	oes the organization conduct ga						Yes	No
	the organization a grantor, bene							
to	administer charitable gaming?						Yes	No
	dicate the percentage of gaming							
a Ti	he organization's facility						13a	%
	n outside facility						13b	%
<b>14</b> Ei	nter the name and address of the	e person who prepare	es the or	rganization's ga	aming/special events I	books and records:		
N	ame							
Δ.	ddress							
~								
<b>15a</b> D	oes the organization have a cont	tract with a third party	/ from w	hom the orgar	ization receives gamir	ng revenue?	Yes	No
	·			C C	C C	•		
<b>b</b> If	"Yes," enter the amount of gami	ng revenue received	by the o	organization	\$	and the amount		
of	f gaming revenue retained by the	e third party \$						
c If	"Yes," enter name and address	of the third party:						
N	ame							
	ddraaa							
A	ddress							
<b>16</b> G	aming manager information:							
	anning manager mormation.							
N	ame							
G	aming manager compensation	\$						
D	escription of services provided							
-								
-								
	Director/officer	Employee			ent contractor			
<b>17</b> M	landatory distributions:							
<b>a</b> Is	the organization required under	state law to make ch	aritable	distributions fr	om the gaming proce	eds to		
re	etain the state gaming license?						Yes	No No
	nter the amount of distributions i	•		e distributed to	other exempt organiz	ations or spent in the		
or Part	rganization's own exempt activiti							0, 10,
Fail							t III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as	applicable. Also prov	nde any	additional into	mation. See instruction	JIIS.		
232083	10-27-22			<b>.</b>		Sched	ule G (Form	990) 2022
		0 4		33				4

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	a (Form 990)
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Part IV Supplemental Information	ו (continued)		
232084 04-01-22			Schedule G (Form 990)
		- ·	

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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.



39-1727792

FRIENDS OF THE DOMES, INC.

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

ENHANCEMENTS, AND VOLUNTEER RECRUITMENT AND MANAGEMENT IN SUPPORT OF

THE MITCHELL PART DOMES OWNED BY MILWAUKEE COUNTY.

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

, BEVERLY SMILEY (TREASURER), PETER SMILEY (VICE PRESIDENT) AND JACK SMILEY

(MEMBER) HAVE A FAMILIAL RELATIONSHIP.

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

DRAFT OF 990 RETURN WAS REVIEWED AND PRESENTED TO THE BOARD OF DIRECTORS BY

THE INDEPENDENT AUDITOR FOR APPROVAL.

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

ANNUALLY ALL DIRECTORS SIGN A CONFLICT OF INTEREST CONFIRMATION.

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

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE ORGANIZATION'S

EXECUTIVE DIRECTOR.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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Schedule O (Form 990) 2022