

**Return of Organization Exempt From Income Tax**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **May 1**, 2022, and ending **Apr 30**, 2023

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Basic Assistance to Students in the Community (BASIC)**  
 Doing business as **BASIC**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 1914**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Borrego Springs, CA 92004-1914**

**D** Employer identification number  
**33-0631683**

**E** Telephone number  
**(617) 686-8065**

**G** Gross receipts \$ **369,846.**

**F** Name and address of principal officer:  
**Joanne S Ingwall, PO Box 1914, Borrego Springs, CA 92004-1914**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **borregobasic.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1999**

**M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>BASIC supports education in Borrego Springs, California via scholarship programs, a learning academy and the Dolly Parton's Imagination Library.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	2
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	31
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	259,679.	332,833.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191.	17,368.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,213.	9,518.
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,083.	359,719.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	75,600.	50,250.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.	49,835.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	400.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	135,705.	146,426.
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	211,305.	246,511.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	65,778.	113,208.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	678,119.	788,037.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,902.	762.
			674,217.	787,275.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Nidia Meza, BASIC Managing Director  
 Date: 08/21/2023  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Mark N Remy Preparer's signature: Mark N Remy Date: 08/21/2023 Check  if self-employed PTIN: P00975690  
 Firm's name: MNRemy Tax and Accounting Solutions Firm's EIN:  
 Firm's address: 320 Onager Drive Box 173, Borrego Springs, CA 92004 Phone no.: (619) 379-0700

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

BASIC supports education in Borrego Springs, California  
via scholarship programs, a learning academy and the Dolly Parton's  
Imagination Library.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 50,250. including grants of \$ 0.) (Revenue \$ 0.)

BASIC sponsored a scholarship program to assist graduating  
High School seniors and adults.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 127,588. including grants of \$ 0.) (Revenue \$ 0.)

BASIC sponsors a learning academy for 2nd/3rd grade  
students, a Middle School summer math program and a Middle School  
and High School English Language Development Program.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 786. including grants of \$ 0.) (Revenue \$ 0.)

BASIC funds participation in the Dolly Parton's Imagination Library  
for students in Borrego Springs, California.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 178,624.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	x	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		x
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		x
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
<b>c</b> 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		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		x
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		x
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		x
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	2		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<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?	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>			X

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 0		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .		
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization . . . . .		X
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 Joanne S. Ingwall, 615 Anza Park Trail Box 537, Borrego Springs, CA 92004-0537 (617)686-8065

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barbara Coates President	15.00			X						
(2) Angela Cassidy Vice-president	5.00			X						
(3) Joann Stang Secretary	30.00			X						
(4) Joanne Ingwall CFO	40.00			X						
(5) Mary Watkins Associate CFO	8.00			X						
(6) Urmi Ray Board Member	0.00	X								
(7) Sharon Goldsmith Board Member	4.00	X								
(8) Richard Fausel Board Member	3.00	X								
(9) Jan Auburn Board Member	5.00	X								
(10) Hu Auburn Board Member	10.00	X								
(11) Martha Deichler Board Member	6.00	X								
(12) Nidia Meza Managing Director	40.00					X	32,692.			
(13) Edward Rivera Development Director	40.00				X		12,308.			
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							45,000.			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							45,000.			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	332,833.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 2,500.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		332,833.				
	<b>Program Service Revenue</b>	<b>2a</b>	----- Business Code					
<b>b</b>		-----						
<b>c</b>		-----						
<b>d</b>		-----						
<b>e</b>		-----						
<b>f</b>		All other program service revenue . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		17,368.	17,368.	0.	0.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .						
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		19,645.			
<b>b</b>				Less: direct expenses . . . . .	<b>8b</b>	10,127.		
<b>c</b>				Net income or (loss) from fundraising events . . . . .		9,518.	0.	9,518.
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			
			<b>c</b>	Net income or (loss) from gaming activities . . . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			
			<b>c</b>	Net income or (loss) from sales of inventory . . . . .				
<b>Miscellaneous Revenue</b>	<b>11a</b>	----- Business Code						
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	All other revenue . . . . .		0.	0.	0.	0.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		359,719.	17,368.	0.	9,518.		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	50,250.	50,250.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	45,000.	0.	45,000.	0.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	4,835.	0.	4,835.	0.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	4,802.	0.	4,802.	0.
<b>b</b> Legal	100.	0.	100.	0.
<b>c</b> Accounting	4,685.	0.	4,685.	0.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	469.	0.	69.	400.
<b>13</b> Office expenses	4,973.	0.	4,973.	0.
<b>14</b> Information technology	2,343.	0.	2,343.	0.
<b>15</b> Royalties				
<b>16</b> Occupancy	0.	0.	0.	0.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	680.	0.	680.	0.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> Learning Academy Expenses	127,588.	127,588.	0.	0.
<b>b</b> Dolly Parton's Imagination Library	786.	786.	0.	0.
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	246,511.	178,624.	67,487.	400.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	120.	<b>1</b>	103.
	<b>2</b> Savings and temporary cash investments . . . . .	677,999.	<b>2</b>	787,934.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		678,119.	<b>16</b>	788,037.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,902.	<b>17</b>	762.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		3,902.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	674,217.	<b>31</b>	787,275.
	<b>32</b> Total net assets or fund balances . . . . .	674,217.	<b>32</b>	787,275.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	678,119.	<b>33</b>	788,037.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	359,719.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	246,511.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	113,208.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	674,217.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-150.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	787,275.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> Basic Assistance to Students in the Community (BASIC)	<b>Employer identification number</b> 33-0631683
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	219,061.	182,466.	267,423.	259,679.	332,833.	1,261,462.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	219,061.	182,466.	267,423.	259,679.	332,833.	1,261,462.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						1,261,462.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	219,061.	182,466.	267,423.	259,679.	332,833.	1,261,462.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	268.	4,763.	424.	191.	17,368.	23,014.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	58,367.	38,211.	9,187.	17,213.	9,518.	132,496.
<b>11 Total support.</b> Add lines 7 through 10						1,416,972.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	89.03 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.96 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <b>Basic Assistance to Students in the Community (BASIC)</b>	Employer identification number <b>33-0631683</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Circle of Art (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	19,645.			19,645.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	19,645.			19,645.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	10,127.			10,127.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				10,127.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				9,518.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Basic Assistance to Students in the Community (BASIC)

Employer identification number

33-0631683

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

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





**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Basic Assistance to Students in the Community (BASIC)

33-0631683

Pt VI, Line 19: BASIC's Governing Documents and Financial Statements are available to the public during the tax year via BASIC's website URL [www.borregobasic.org](http://www.borregobasic.org).

Pt VI, Line 11b: BASIC's Financial Statements and Form 990 are available to members of the Governing Board during the tax year via official meetings and BASIC's website URL [www.borregobasic.org](http://www.borregobasic.org).

Pt X: Tax Preparer Notes TY22 Total Expenditures \$255,813-\$9,302(Total Acct#672Fundraising COA Expenditures)=\$246,511 Total Expenditures Part XI, Line 2 and Part IX, Col A, Line 25. Tax Preparer Notes TY22: Total Revenue \$369,846-\$825(Total Acct#501 Cost of Sales COA)=\$369,021-\$9,302(Total Acct#672Fundraising COA Expenditures)=\$359,719 Total Revenue Part XI, Line 1 and Part VIII, Col A, Line12

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning May 1, 2022, and ending Apr 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <u>Basic Assistance to Students in the Community (BASIC)</u>	EIN or SSN <u>33-0631683</u>
Name and title of officer or person subject to tax <u>Nidia Meza, BASIC Managing Director</u>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> <u>359,719.</u>
<b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize MNRemy Tax and Accounting Solutions to enter my PIN 

3	1	6	8	3
---	---	---	---	---

 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 08/21/2023

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	3	6	7	4	0	0	7	7	3	1
---	---	---	---	---	---	---	---	---	---	---

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 08/21/2023

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2022**

**Part I – Identifying Information**

Employer Identification Number . 33-0631683

Name . . . . . Basic Assistance to Students in the Community (BASIC)

Doing Business As . . . . . BASIC

Address . . . . . PO Box 1914 Room/Suite . \_\_\_\_\_

City . . . . . Borrego Springs State . . . CA ZIP Code . . 92004-1914

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (617)686-8065 Extension . \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . basiccfo@gmail.com

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number)                     | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | _____ (subsection number)                        | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Public College or University              | <input type="checkbox"/> Corporation/Association | <input type="checkbox"/> 527 Organization   |
| <input type="checkbox"/> Other _____ (describe)                    | <input type="checkbox"/> Or Trust . . . . .      | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . 4
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Change of Accounting Period \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2022 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2021 overpayment credited to 2022 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>08/15/22</u>				
2nd Quarter Payment	<u>10/17/22</u>				
3rd Quarter Payment	<u>01/17/23</u>				
4th Quarter Payment	<u>04/18/23</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . Nidia Meza  
 Officer's SSN . . . . . 545-97-0470      Officer's Title . . . . . BASIC Managing Director

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Choose Returns to be Filed Electronically:**

**Note:** Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
<b>Federal Filings</b>							
990, 990-EZ, 990-PF, or 990-N . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
990-T . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR). . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State Filings</b>							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>							
California . . . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to the Form 8868 Electronic Filing Information Worksheet . . . . . ▶ \_\_\_\_\_

**Practitioner PIN program:**

Sign this return electronically using the Practitioner PIN  
 ERO entered PIN  
 Officer's PIN (enter any 5 numbers) . . 31683  
 Date PIN entered . . . . . 08/05/2023

**Responsible Party Information:**

**Yes**    **No**  
  Is Form 8822-B required to report a change of responsible party?

**Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Return</b> balance due (EF Only)?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Extension</b> Form 8868 balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Amended</b> balance due (EF Only)?             |
|                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Return</b> balance due? (EF Only)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Extension</b> Form 8868 balance due? (EF Only)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Amended</b> balance due? (EF Only)              |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . . .

Name of Financial Institution (optional) . . . Community Valley Bank

Check the appropriate box . . . . .  Checking  Savings

Routing number . . . . . 122244676

Account number . . . . . 0001310585

**Form 990-PF Payment Information**

Enter the Form 990-PF payment date . . . . . \_\_\_\_\_

Balance due amount from this Form 990-PF return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

Enter the Form 990-PF Extension payment date . . . . . \_\_\_\_\_

Balance-due amount from this 990-PF Extension . . . . . \_\_\_\_\_

Payment date for amended Form 990-PF returns . . . . . \_\_\_\_\_

Balance due amount for amended Form 990-PF return . . . . . \_\_\_\_\_

**Form 990-T Payment Information**

Enter the Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from this 990-T return . . . . . \_\_\_\_\_

Enter the Form 990-T Extension payment date . . . . . \_\_\_\_\_

Balance-due amount from this 990-T Extension . . . . . \_\_\_\_\_

Enter the amended Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from Form 990-T amended . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Return was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Return was accepted . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Extension was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Extension was accepted . . . . . \_\_\_\_\_  
 Date 990-T Exempt Organization Amended Return was EFiled . . . . . \_\_\_\_\_  
 Date 990-T Exempt Organization Amended Return was accepted . . . . . \_\_\_\_\_

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .	_____	_____	_____

Letter Salutation. . . Joanne S. Ingwall

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . . . 1

**QuickZoom** to Firm/Preparer Info . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 990, Page 1 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 990-PF, Page 1 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 990-T, Page 1 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 990-N, e-PostCard . . . . . ► \_\_\_\_\_

**QuickZoom** to Client Status . . . . . ► \_\_\_\_\_



IRS e-file Authentication Statement

2022

Keep for your records

Name(s) Shown on Return
Basic Assistance to Students in the Community (BASIC)

Employer ID No.
33-0631683

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN
ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN336740 Self-Select PIN 07731

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2022 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 31683
Date 08/05/2023

Electronic Filing Information Worksheet

Keep for your records

2022

Name(s) shown on return
Basic Assistance to Students in the Community (BASIC)
Identifying number
33-0631683

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . 336740

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name
MN Remy Tax and Accounting Solutions
ERO Address
P.O. Box 173
City
Borrego Springs
State
CA
ZIP Code
92004-0173
Country
ERO Electronic Filers Identification Number (EFIN)
336740
ERO Employer Identification Number
ERO Social Security Number or PTIN
P00975690

Part III - Paid Preparer Information

Firm Name
MN Remy Tax and Accounting Solutions
Preparer Name
Mark N Remy
Address
320 Onager Drive Box 173
City
Borrego Springs
State
CA
ZIP Code
92004
Country
Preparer Social Security Number or PTIN
P00975690
Employer Identification Number
Phone Number
(619) 379-0700
Fax Number
Preparer E-mail Address
mremy@protonmail.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .
Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and selection checkboxes. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default . . . . . BASI

## Smart Worksheets From 2022 Federal Exempt Tax Return

SMART WORKSHEET FOR: Schedule B: Contributors (BASIC 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>BASIC 1</u>

SMART WORKSHEET FOR: Schedule B: Contributors (BASIC 1)

<b>General Information Smart Worksheet</b>	
<b>A</b>	Description for this copy of Schedule B, Part I. . . . . <u>BASIC 2</u>

## Additional Information From 2022 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4a Expenses

#### Itemization Statement

Description	Amount
Tax Preparer Notes TY22	
600 BASIC Grants/Donations TY22 Total \$50,250	
603 Scholarships Awarded 2022-23 \$35,500	35,500.
607 Williamson Memorial Scholarship \$0	0.
608 Bill Wright Scholarship \$2000	2,000.
609 Rosemary & Richard Fausel Scholarship \$1000	1,000.
610 Nicholas Scholarship \$150	150.
550 Dann Perry Memorial Vocational Scholarship \$0	0.
617 PEO Scholarship \$750	750.
623 Goldsmith Scholarship \$1500	1,500.
624 Schmitt Scholarship \$0	0.
626 McFarland Family Scholarship \$0	0.
627 McFarland Memorial Scholarship \$500	500.
629 Stang Scholarship \$3000	3,000.
642 Ingwall Scholarship \$5000	5,000.
643 BVEF Scholarship \$500	500.
644 Angle Scholarship \$350	350.
<b>Total</b>	<b>50,250.</b>

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4b Expenses

#### Itemization Statement

Description	Amount
Tax Preparer Notes TY22	
690 Learning Academy TY22 \$127,588	
446 PIQE Class \$7,341.34	7,341.
692 Learning Academy Manpower \$83,674.60	83,675.
693 Learning Academy Food \$21,215.80	21,216.
695 Learning Academy General \$3,023.22	3,023.
696 Learning Academy Facilities \$1875	1,875.
697 Learning Academy Supplies \$8,417.30	8,417.
699 Learning Academy COVID Related Costs \$2,041.36	2,041.
<b>Total</b>	<b>127,588.</b>

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4c Expenses

#### Itemization Statement

Description	Amount
Tax Preparer Notes TY22	
670 Dollywood Foundation \$785.81	786.

**Form 990: Return of Organization Exempt from Income Tax****Line 4c Expenses****Itemization Statement**

Description	Amount
<b>Total</b>	<b>786.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 1a****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	1
1099NECs TY22 Linda Arnold, Bookkeeper \$2145	
<b>Total</b>	<b>1</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 2a****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Nidia Meza, BASIC Managing Director	2
Edward Rivera, BASIC Development Director	
<b>Total</b>	<b>2</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 1a****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
TY22 TOTAL 11 VOTING MEMBERS GOVERNING BOARD	11
Barbara Coates, President (15)	
Angela Cassidy, VP (5)	
Joann Stang, Secretary (30)	
Joanne Ingwall, CFO (40)	
Mary Watkins, Associate CFO (8)	
Urmi Ray, Board Member (0)(On Leave)	
Sharon Goldsmith, Board Member (4)	
Martha Deichler, Board Member (6)	
Richard Fausel, Board Member (3)	
Jan Auburn, Board Member (5)	
Hu Auburn, Board Member (10)	
<b>Total</b>	<b>11</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 1b****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Zero (0)	0
<b>Total</b>	<b>0</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Part VII, Section A (continued) (<)**  
**Col D Comp W-2 Org**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Nidia Meza W2 \$32,692	32,692.
<b>Total</b>	<b>32,692.</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Part VII, Section A (continued) (=)**  
**Col D Comp W-2 Org**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Edward Rivera W2 \$12,308	12,308.
<b>Total</b>	<b>12,308.</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Sec A Line 2**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	0
No employee received more than \$100K/YR	
Nidia Meza \$85K/YR	
Edward Rivera \$40K/YR	
<b>Total</b>	<b>0</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Sec B Line 2**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
\$0	0
<b>Total</b>	<b>0</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Government Grants**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	0.
441 Local Govt Grants \$0	
<b>Total</b>	<b>0.</b>

**Form 990: Return of Organization Exempt from Income Tax**  
**Other amt. not included**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
437 Gifts in Kind-Goods \$2,500	2,500.

**Form 990: Return of Organization Exempt from Income Tax****Other amt. not included****Itemization Statement**

<b>Description</b>	<b>Amount</b>
438 Individual Business Contributions \$43,280.74	43,281.
339 Goldsmith Scholarship \$0	0.
340 Sandra Angle Memorial Scholarship \$0	0.
341 Christopher H. Smith Scholarship \$1000	1,000.
342 Creative Writing Award \$400	400.
350 Donald Nicholas Memorial Scholarship \$200	200.
351 Rosemary & Richard Fausel Scholarship \$1500	1,500.
427 Schmitt Memorial Scholarship \$300	300.
428 McFarland Family Scholarship \$0	0.
429 Jim McFarland Memorial Scholarship \$0	0.
430 Joann & David Stang Scholarship \$2,350	2,350.
431 Ingwall Scholarship \$7,000	7,000.
433 Jon Gilbert Memorial Scholarship \$1,000	1,000.
440 Amazon Smile \$111.94	112.
443 Bill Wright Scholarship \$0	0.
444 Borrego Valley Endowment Fund \$0	0.
445 PEO Scholarship \$0	0.
446 PIQE Class \$0	0.
453 Greg Williamson Memorial Scholarship \$0	0.
454 DPIL \$350	350.
455 For Scholarships \$44,125	44,125.
457 Learning Academy 50,215	50,215.
458 Classroom Math Aide \$0	0.
459 Admin \$100,000	100,000.
475 Salaries & Wages \$65,000	65,000.
480 Learning Academy Food \$28,500	28,500.
481 Learning Academy Supplies \$0	0.
489 Learning Academy-COVID Related Expense \$0	0.
499 Future Admin & Reporting Needs -\$15,000	-15,000.
<b>Total</b>	<b>332,833.</b>

**Form 990: Return of Organization Exempt from Income Tax****Noncash****Itemization Statement**

<b>Description</b>	<b>Amount</b>
Tax Preparer Notes TY22	
482 GIK Reduce Cost of Learning Academy TY22 \$0	0.
437 Gifts in Kind-Goods \$2,500 TY22	2,500.
<b>Total</b>	<b>2,500.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 3 Column B****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
451 Interest Bank & CDs \$17,367.78	17,368.
<b>Total</b>	<b>17,368.</b>

**Form 990: Return of Organization Exempt from Income Tax****Gross income fundraising****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
460 Circle of Art Income(COA)TY22:	
399 COA Refunds \$0	0.
442 COA Commissions, Artist Sales \$7,029.20	7,029.
461 COA Poster Sales-Retail \$735	735.
462 COA Poster Sales-Wholesale \$787.50	787.
463 COA Artists-Space Rent Fees \$2,400	2,400.
464 COA Artist Jury Fees \$7,943.90	7,944.
466 GIK to reduce cost of COA \$0	0.
467 COA Food Vendors Space Rent \$750	750.
469 COA 2020 Artist Donations \$0	0.
470 COA 2020 Rollover Booth Fees \$0	0.
<b>Total</b>	<b>19,645.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 8b Direct Expenses****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
501 Cost of Sales COA TY22	
502 Poster & Poster Booth Expenses \$0	
503 Food & Misc. \$70	70.
504 Ad and Publicity \$4,257	4,257.
505 Music \$0	0.
506 Maintenance Security \$1605.60	1,606.
507 Postage Special Event \$23.40	23.
508 Insurance-Special Events \$836	836.
509 Sales Tax on Posters \$175	175.
510 Supplies-Special Event \$31.99	32.
512 Christmas Circle Rent \$2000	2,000.
513 Supplies General \$0	0.
520 Poster Storage \$650	650.
522 Rental of Tables & Chairs \$180	180.
672 COA Expenditures \$298.26	298.



**Form 990: Return of Organization Exempt from Income Tax****Line 8b Direct Expenses****Itemization Statement**

Description	Amount
<b>Total</b>	<b>10,127.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 2 col (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
600 BASIC Grants/Donations TY22:	
603 Scholarships Awarded 2022-23 \$35,500	35,500.
607 Williamson Memorial Scholarship \$0	0.
608 Bill Wright Scholarship \$2000	2,000.
609 Rosemary & Richard Fausel Scholarship \$1000	1,000.
610 Nicholas Scholarship \$150	150.
550 Dann Perry Memorial Vocational Scholarship \$0	0.
617 PEO Scholarships \$750	750.
623 Goldsmith Scholarship \$1500	1,500.
624 Schmidt Scholarship \$0	0.
626 McFarlane Family Scholarship \$0	0.
627 McFarlane Memorial Scholarship \$500	500.
629 Stang Scholarship \$3000	3,000.
642 Ingwall Scholarship \$5000	5,000.
643 BVEF Scholarship \$500	500.
644 Angle Scholarship \$350	350.
<b>Total</b>	<b>50,250.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 5 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
645 Payroll Expenditures TY22	
648 Wages \$45,000.16	45,000.
Nidia Meza, BASIC Managing Director (W2)\$32,692	
Edward Rivera, BASIC Development Director (W2)\$12,308	
<b>Total</b>	<b>45,000.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 10 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
645 Payroll Expenditures TY22	
646 Payroll Taxes \$4,304.19	4,304.
649 Worker's Compensation \$531	531.

**Form 990: Return of Organization Exempt from Income Tax****Line 10 col (C)****Itemization Statement**

Description	Amount
<b>Total</b>	<b>4,835.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 11a col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
625 Outside Contract Services \$444	444.
631 Fundraising \$165	165.
641 Scholarship Management \$3245	3,245.
647 Payroll Processing Fees \$421.62	422.
660 Other Types of Expenses \$200	200.
662 Membership & Dues \$300	300.
663 Misc. Expenses \$26.19	26.
<b>Total</b>	<b>4,802.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 11b col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
652 Licenses, Permits, Fees \$100	100.
622 Legal Fees \$0	0.
<b>Total</b>	<b>100.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 11c col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
621 Accounting \$4,447.50	4,448.
666 Credit Card Fees-Taxable Sales \$70	70.
669 Credit Card Fees-Donations Received \$167.40	167.
<b>Total</b>	<b>4,685.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 12 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
654 Printing & Copying \$68.93	69.
<b>Total</b>	<b>69.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 12 col (D)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
671 Fundraising Annual Ask Letter \$0	0.
770 Creative Writing Award \$400	400.
<b>Total</b>	<b>400.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 13 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
630 Facilities & Equipment \$2,060.99	2,061.
653 Postage & Mailing Service \$203.79	204.
655 Supplies & Small Equipment \$2,707.67	2,708.
<b>Total</b>	<b>4,973.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 14 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
656 Cell Phones \$708.14	708.
665 Information Technology \$397.59	398.
668 Flipcause Fees \$1,236.67	1,237.
<b>Total</b>	<b>2,343.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 23 col (C)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
651 Insurance D&O \$680	680.
<b>Total</b>	<b>680.</b>

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (1)****Line 24 col (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
690 Learning Academy TY22	
446 PIQE Classes \$7,341.34	7,341.
692 Learning Academy Manpower \$83,674.60	83,675.
693 Learning Academy Food \$21,215.80	21,216.
695 Learning Academy General \$3023.22	3,023.
696 Learning Academy Facilities \$1875	1,875.

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (1)****Line 24 col (B)****Itemization Statement**

Description	Amount
697 Learning Academy Supplies \$8,417.30	8,417.
699 Learning Academy COVID Related Costs \$2041.36	2,041.
<b>Total</b>	<b>127,588.</b>

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (2)****Line 24 col (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
670 Dollywood Foundation TY22 \$785.81	786.
<b>Total</b>	<b>786.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 1, column (A)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY21	
105 Petty Cash \$120(not in bank accts)	120.
<b>Total</b>	<b>120.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 1, column (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Numbers from BASIC Balance Sheet as of 30APR23	
12000 Undeposited Funds \$102.50	103.
<b>Total</b>	<b>103.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 2, column (A)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY21	
Account Balances from Bank Statements as of 30APR2022	
Vanguard Acct 4245 \$629,128.50	629,129.
Community Valley Bank Acct 0585 \$48,720.27	48,720.
Acct# 463 \$150	150.
<b>Total</b>	<b>677,999.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 2, column (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Numbers from BASIC Balance Sheet as of 30APR23	
101 Community Valley Bank Acct 0585 \$52,437.94	52,438.
102 Vanguard Acct 4245 \$735,496.28	735,496.
<b>Total</b>	<b>787,934.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 17, column (A)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY21	
Visa Umpqua 7730 \$3,902.35	3,902.
<b>Total</b>	<b>3,902.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 17, column (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Numbers from BASIC Balance Sheet as of 30APR23	
Visa Umpqua Bank 7730 \$761.76	762.
<b>Total</b>	<b>762.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 31, column (A)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY21	
300 Opening Balance Equity \$45,683.51	45,684.
32000 Unrestricted Net Assets \$562,754.47	562,755.
Net Revenue \$65,778.44	65,778.
<b>Total</b>	<b>674,217.</b>

**Form 990: Return of Organization Exempt from Income Tax****Line 31, column (B)****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
300 Opening Balance Equity \$45,683.51	45,683.
32000 Unrestricted Net Assets \$628,382.91	628,383.
Net Revenue \$113,208.54	113,209.
<b>Total</b>	<b>787,275.</b>

**Form 990: Return of Organization Exempt from Income Tax****Part XI, Line 8****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Adjustment due to minor discrepancy in prior years uncashed checks and accounting. All other numbers on 990 reconcile with PNL	
-\$150	-150.
<b>Total</b>	<b>-150.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 Gross Receipts****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Gross COA Receipts \$19,645	19,645.
<b>Total</b>	<b>19,645.</b>

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 Other Direct Exp.****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
\$10,127	10,127.
<b>Total</b>	<b>10,127.</b>

**Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States****Grants and Other Assistance to Domestic Individuals (1)****Number of Recipients****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
31 Recipients	31
<b>Total</b>	<b>31</b>

**Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States****Grants and Other Assistance to Domestic Individuals (1)****Cash Grant Amount****Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
\$50,250	50,250.
<b>Total</b>	<b>50,250.</b>

**Schedule A, Part II, Other Income Wks**

**Other Income (1)**

column d

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY21	
Number found on Form 990 Part VIII L8C Col A \$17,213	17,213.
<b>Total</b>	<b>17,213.</b>

**Schedule A, Part II, Other Income Wks**

**Other Income (1)**

column e

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Number found on Form 990 Part VIII L8C Col A \$9,518	9,518.
<b>Total</b>	<b>9,518.</b>

# California Exempt Organization Information Worksheet 2022

▶ Keep for your records

## Part I – Identifying Information

Federal Employer ID Number . 33-0631683 CA Corp No. (See Tax Help) 1843734  
 Name of Exempt Organization. BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY (BASIC)  
 Additional Information . . . . . \_\_\_\_\_  
 Address . . . . . PO BOX 1914 **Ste, Unit** \_\_\_\_\_ **No.** \_\_\_\_\_  
 PMB No. . . . . \_\_\_\_\_  
 City . . . . . BORREGO SPRINGS State . . CA ZIP Code . . 92004-1914  
 Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . . . . \_\_\_\_\_  
 Foreign Code . . . . . \_\_\_\_\_ Foreign Country . . . . . \_\_\_\_\_  
 Telephone Number . . . . . (617) 686-8065 Extension . . . . . \_\_\_\_\_  
 Fax Number . . . . . \_\_\_\_\_ E-Mail Address . . . . . basiccco@gmail.com

## Part II – Tax Year and Filing Information

Calendar year  
 Fiscal year — Ending month . . . . 4  
 Short year — Beginning date . . . . \_\_\_\_\_ Ending date . . . . . \_\_\_\_\_

Payments are made by Electronic Funds Transfer  
 File Form 109, California Exempt Organization Business Income Tax Return (**Paper file Only**)

QuickZoom to Form 109 . . . . . ▶ \_\_\_\_\_

## Part III – 2022 Estimated Tax Payments (Form 109)

Amount of 2021 overpayment credited to 2022 estimated tax . . . . . \_\_\_\_\_

Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment . . . . .	<u>08/15/22</u>	_____	_____
Second Quarter Payment . . . . .	<u>10/17/22</u>	_____	_____
Third Quarter Payment . . . . .	<u>01/17/23</u>	_____	_____
Fourth Quarter Payment . . . . .	<u>04/17/23</u>	_____	_____
Additional Payment 1 . . . . .	_____	_____	_____
Additional Payment 2 . . . . .	_____	_____	_____
Additional Payment 3 . . . . .	_____	_____	_____
Additional Payment 4 . . . . .	_____	_____	_____

## Part IV – Electronic Filing Information (Form 199)

### Electronic Filing

The state return Form 199 will be filed electronically  
 Date return was electronically filed . . . . . 08/21/2023  
 Date return was accepted by the state . . . . . 08/21/2023  
 Date Form 3586 was given to client . . . . . \_\_\_\_\_

### Signing Officer

Officer's Name . Nidia Meza  
 Title . . . . . BASIC Managing Director

### Electronic Filing of Amended Form 199

The amended Form 199 will be filed electronically.  
 Another amended Form 199 will be filed electronically.



**Part V – Electronic Funds Withdrawal Information (Form 199)**

**Yes**  **No**  Use electronic funds withdrawal of state balance due? (Electronic Filing Only)

**Amended Return** - Do you want electronic funds withdrawal of balance due (EF Only)?

**Bank Information**

Name of financial institution . . . . . Community Valley Bank  
Routing number . . . . . 122244676  
Account number . . . . . 0001310585  
Account type . . . . .  Checking  Savings  
Account ownership type . . . . .  Business  Personal

**Payment Information** (Electronic Filing Only)

Date to withdraw payment with state return . . . . . \_\_\_\_\_  
Amount due with state return . . . . . \_\_\_\_\_

Electronic funds withdrawal amount due with **amended return** information:

Enter settlement date to withdraw the tax due amount from the account above . . . . . \_\_\_\_\_  
State balance-due amount paid with this amended return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes**  **No**  Is the account for this transaction located outside the US?

**Part VI – Extension Status**

**Yes**  **No**  Is Form 199 on extension? Extended due date . . . . . \_\_\_\_\_  
  Is Form 109 on extension? Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 199 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 109 . . . . . ► \_\_\_\_\_

California Exempt Organization Annual Information Return

2022

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 05/01/2022, and ending (mm/dd/yyyy) 04/30/2023

Corporation/Organization name BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY (BASIC) California corporation number 1843734

Additional information. See instructions. FEIN 33-0631683

Street address (suite or room) PO BOX 1914 City BORREGO SPRINGS State CA Zip code 920041914 Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g... L Is the organization a limited liability company... M Did the organization file Form 100 or Form 109... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers, descriptions, and amounts.

Sign Here section with signature of officer (BASIC MANAGING DIRECTOR) and Date (08-21-2023). Includes Telephone (442) 358-6518. Paid Preparer's Use Only section with Preparer's signature (MARK N REMY), Date (08-21-2023), Firm's name (MNREMY TAX AND ACCOUNTING SOLUTIONS), and Firm's FEIN (P00975690).

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1		00
	2	Interest . . . . .	●	2		00
	3	Dividends . . . . .	●	3		00
	4	Gross rents . . . . .	●	4		00
	5	Gross royalties . . . . .	●	5		00
	6	Gross amount received from sale of assets (See instructions) . . . . .	●	6		00
	7	Other income. Attach schedule . . . . . See Stmt . . . . .	●	7	37,013	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	●	8	37,013	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . See Stmt . . . . .	●	9	50,250	00
	10	Disbursements to or for members . . . . .	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . See Stmt . . . . .	●	11	45,000	00
	<b>Expenses and Disbursements</b>	12	Other salaries and wages . . . . .	●	12	
13		Interest . . . . .	●	13		00
14		Taxes . . . . .	●	14	4,835	00
15		Rents . . . . .	●	15	0	00
16		Depreciation and depletion (See instructions) . . . . .	●	16		00
17		Other expenses and disbursements. Attach schedule . . . . . See Stmt . . . . .	●	17	156,553	00
18		<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	●	18	256,638	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>	(a)	(b)	(c)	(d)	
1 Cash . . . . .		678,119		●	788,037
2 Net accounts receivable . . . . .				●	
3 Net notes receivable . . . . .				●	
4 Inventories . . . . .				●	
5 Federal and state government obligations . . . . .				●	
6 Investments in other bonds . . . . .				●	
7 Investments in stock . . . . .				●	
8 Mortgage loans . . . . .				●	
9 Other investments. Attach schedule . . . . .				●	
10 a Depreciable assets . . . . .					
b Less accumulated depreciation . . . . .					
11 Land . . . . .				●	
12 Other assets. Attach schedule . . . . .				●	
13 <b>Total assets</b> . . . . .		678,119			788,037
<b>Liabilities and net worth</b>					
14 Accounts payable . . . . .		3,902		●	762
15 Contributions, gifts, or grants payable . . . . .				●	
16 Bonds and notes payable . . . . .				●	
17 Mortgages payable . . . . .				●	
18 Other liabilities. Attach schedule . . . . .					
19 Capital stock or principal fund . . . . .				●	
20 Paid-in or capital surplus. Attach reconciliation . . . . .				●	
21 Retained earnings or income fund . . . . .		674,217		●	787,275
22 <b>Total liabilities and net worth</b> . . . . .		678,119			788,037

<b>Schedule M-1 Reconciliation of income per books with income per return</b>				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books . . . . .	●	113,208	7 Income recorded on books this year not included in this return. Attach schedule . . . . .	●
2 Federal income tax . . . . .	●		8 Deductions in this return not charged against book income this year. Attach schedule . . . . .	●
3 Excess of capital losses over capital gains . . . . .	●		9 Total. Add line 7 and line 8 . . . . .	
4 Income not recorded on books this year. Attach schedule . . . . .	●		10 Net income per return. Subtract line 9 from line 6 . . . . .	
5 Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●			
6 Total. Add line 1 through line 5 . . . . .		113,208		113,208

TAXABLE YEAR	<b>California e-file Return Authorization for Exempt Organizations</b>	FORM
<b>2022</b>		<b>8453-E0</b>

Exempt Organization name BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY (BASIC)	Identifying number 33-0631683
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) .....	<b>1</b>	369,846.
2 Total gross income (Form 199, line 8) .....	<b>2</b>	369,846.
3 Total expenses and disbursements (Form 199, line 9) .....	<b>3</b>	256,638.

**Part II Settle Your Account Electronically for Taxable Year 2022**

4  Electronic funds withdrawal      **4a** Amount \_\_\_\_\_      **4b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:     Checking     Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		Date		Title
	Signature of officer		BASIC MANAGING DIRECTOR	

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date 08/21/2023	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00975690
	Firm's name (or yours if self-employed) and address MNREMY TAX AND ACCOUNTING SOLUTIONS P.O. BOX 173, BORREGO SPRINGS, CA	Firm's FEIN		ZIP code 92004-0173	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date 08/21/2023	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P00975690
	Firm's name (or yours if self-employed) and address MARK N REMY 320 ONAGER DRIVE BOX 173 BORREGO SPRINGS, CA	Firm's FEIN		ZIP code 92004

# Smart Worksheets From 2022 California Exempt Organization Business

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

<b>Use Tax Smart Worksheet</b>	
<b>A</b>	Purchases from out-of-state or Internet sellers made without payment of California sales or use tax . . . . . _____
<b>B</b>	The applicable sales and use tax rate (see government instructions) . . . . . _____
<b>C</b>	Line A multiplied by line B . . . . . _____
<b>D</b>	Sales or use tax paid to another state for purchases included on line A. . . . . _____
<b>E</b>	Line C minus line D . . . . . _____ 0.

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

<b>Investment Income Smart Worksheet</b>	
(Use to allocate Investment Income between Interest, Dividends and Other income)	
<b>A</b>	Investment Income from Federal 990 or 990-EZ (Shown as Investment Income below in Other income) . . . . . <u>17,368.</u>
<b>B</b>	Amount to allocate to Interest . . . . . _____
<b>C</b>	Amount to allocate to Dividends . . . . . _____

## Additional Information From 2022 California Exempt Organization Business

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 7 - Other Income (1)

##### Line 7 Amount

##### Itemization Statement

Description	Amount
Tax Preparer Notes TY22	
460 Circle of Art Income(COA)TY22:	
399 COA Refunds \$0	0.
442 COA Commissions, Artist Sales \$7,029.20	7029.
461 COA Poster Sales-Retail \$735	735.
462 COA Poster Sales-Wholesale \$787.50	787.
463 COA Artists-Space Rent Fees \$2,400	2400.
464 COA Artist Jury Fees \$7,943.90	7944.
466 GIK to reduce cost of COA \$0	0.
467 COA Food Vendors Space Rent \$750	750.
469 COA 2020 Artist Donations \$0	0.
470 COA 2020 Rollover Booth Fees \$0	0.
<b>Total</b>	<b>19645.</b>

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 17 - Expenses (1)

##### Line 17 Amount

##### Itemization Statement

Description	Amount
Tax Preparer Notes TY22	
501 Cost of Sales COA TY22	
502 Poster & Poster Booth Expenses \$0	
503 Food & Misc. \$70	70.
504 Ad and Publicity \$4,257	4257.
505 Music \$0	0.
506 Maintenance Security \$1605.60	1606.
507 Postage Special Event \$23.40	23.
508 Insurance-Special Events \$836	836.
509 Sales Tax on Posters \$175	175.
510 Supplies-Special Event \$31.99	32.
512 Christmas Circle Rent \$2000	2000.
513 Supplies General \$0	0.
520 Poster Storage \$650	650.
522 Rental of Tables & Chairs \$180	180.
672 COA Expenditures \$298.26	298.
<b>Total</b>	<b>10127.</b>

**Form 199: CA Exempt Organization Annual Information**  
**Part II, Line 7 - Other Income**

Continuation Statement

Description	Amount
INCOME FROM FUNDRAISING EVENTS	19,645
INVESTMENT INCOME	17,368
<b>Total</b>	<b>37,013</b>

**Form 199: CA Exempt Organization Annual Information**  
**Part II, Line 9 - Contributions**

Continuation Statement

Description	Amount
GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS	50,250
<b>Total</b>	<b>50,250</b>

**Form 199: CA Exempt Organization Annual Information**  
**Part II, Line 11 - Compensation**

Continuation Statement

Description	Amount
BARBARA COATES	
ANGELA CASSIDY	
JOANN STANG	
JOANNE INGWALL	
MARY WATKINS	
URMI RAY	
SHARON GOLDSMITH	
RICHARD FAUSEL	
JAN AUBURN	
HU AUBURN	
MARTHA DEICHLER	
NIDIA MEZA	32,692
EDWARD RIVERA	12,308
<b>Total</b>	<b>45,000</b>

**Form 199: CA Exempt Organization Annual Information**  
**Part II, Line 17 - Expenses**

Continuation Statement

Description	Amount
EXPENSES FROM FUNDRAISING EVENTS	10,127
MANAGEMENT	4,802
LEGAL	100
ACCOUNTING	4,685
ADVERTISING AND PROMOTION	469
OFFICE EXPENSES	4,973
INFORMATION TECHNOLOGY	2,343
INSURANCE	680
LEARNING ACADEMY EXPENSES	127,588
DOLLY PARTON'S IMAGINATION LIBRARY	786

**Form 199: CA Exempt Organization Annual Information**  
**Part II, Line 17 - Expenses**

**Continuation Statement**

Description	Amount
<b>Total</b>	156,553

**Form 199: CA Exempt Organization Annual Information**  
**Sch L, Line 14d**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
Numbers from BASIC Balance Sheet as of 30APR23	
Visa Umpqua Bank 7730 \$761.76	762
<b>Total</b>	<b>762</b>

**Form 199: CA Exempt Organization Annual Information**  
**Sch L, Line 21d**

**Itemization Statement**

Description	Amount
Tax Preparer Notes TY22	
300 Opening Balance Equity \$45,683.51	45,683
32000 Unrestricted Net Assets \$628,382.91	628,383
Net Revenue \$113,208.54	113,209
<b>Total</b>	<b>787,275</b>