Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2022 calend	r year, or tax year beginning 01/0)1/2022 ar	d ending	12/	31/2022		
В	Check if ap	oplicable:	C Name of organization			D Emplo	yer identification	n number	
	Address c	change	SUNFLOWER COMMUNITY FUND INC			<u></u>	85-0725542	2	
	Name cha	-	Number and street (or P.O. box if mail is not delivered	d to street address)	Room/suite	E Teleph	E Telephone number		
=	Initial retur	return/terminated 415 Water St						94	
=	Amended		City or town, state or province, country, and ZIP or fo	reign postal code		F Grou	p Exemption		
=		n pending	Celebration, FL 34747			Num	ber		
G	Account	ting Method:	Cash Accrual Other (specify):		Н	Check _	if the organiza	tion is not	
1.1	Vebsite	sunflowe	rcommunityfund.org				to attach Sched		
				nsert no.) 4947(a)(1)	or 527	(Form 99	00).		
K	orm of	organization:	✓ Corporation ☐ Trust ☐ A	ssociation Other:	•				
			7b to line 9 to determine gross receipts. If gross		more, or if tota	al assets			
(Pa	rt II, coli	umn (B)) are S	500,000 or more, file Form 990 instead of Form	990-EZ			\$	71,398	
Р	art I	Revenu	e, Expenses, and Changes in Net As	sets or Fund Balan	ces (see the	instruc	tions for Par	t I)	
		Check if	the organization used Schedule O to res	spond to any question	in this Part	١		🗸	
	1	Contributio	ns, gifts, grants, and similar amounts rece	ived			1	71,398	
	2	Program s	ervice revenue including government fees a	and contracts		[2	0	
	3	Membersh	p dues and assessments			[3	0	
	4	Investment	income			[4	0	
	5a	Gross amo	unt from sale of assets other than inventor	y 5 a		0			
	b	Less: cost	or other basis and sales expenses	5b		0			
	с 6		s) from sale of assets other than inventory d fundraising events:	(subtract line 5b from	line 5a)		5c	0	
<u>•</u>	а	Gross income from gaming (attach Schedule G if greater than							
enr	b	•	me from fundraising events (not including		of contribution	one 0			
Revenue		from fundr	aising events reported on line 1) (attach S h gross income and contributions exceeds	chedule G if the	1				
			t expenses from gaming and fundraising e		_	0			
	d		e or (loss) from gaming and fundraising e			htract			
	"	line 6c)		•		bliact	6d	0	
	7a	•	s of inventory, less returns and allowances	1			ou		
	b		of goods sold		_	0			
			t or (loss) from sales of inventory (subtract			-	7c	0	
	C	•	` ,	,			8	0	
	8		nue (describe in Schedule O)				9	71 200	
	10		similar amounts paid (list in Schedule O)				10	71,398	
	11		id to or for members				11	37,814	
"			her compensation, and employee benefits			+	12	0	
Expenses	12 13		al fees and other payments to independent			-	13	0	
	14		r, rent, utilities, and maintenance				14	0	
ᄶ	14					-		0	
	.0	• .	ublications, postage, and shipping			<u> </u>	15	29,363	
	16		nses (describe in Schedule O) .See Sched				16	970	
	17	Tycasa -	nses. Add lines 10 through 16		<u></u>		17	68,147	
ţ	18		deficit) for the year (subtract line 17 from li				18	3,251	
SSE	19		or fund balances at beginning of year (fr r figure reported on prior year's return)				10		
Net Assets		-	, , ,				19	521	
Ş	20		ges in net assets or fund balances (explair				20	0	
_	21	Net assets	or fund balances at end of year. Combine	lines 18 through 20			21	3,772	

Form 990-EZ (2022) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 521 22 22 Cash, savings, and investments 3,772 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) . . 24 0 24 0 521 25 25 3,772 0 26 26 Total liabilities (describe in Schedule O) 0 521 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 3.772 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide funds to the Ukrainian charitable organization "Diia.MY" to provide mentoring and other support to at risk youth and people with disabilities, to distribute packages of humanitarian aid to approximately 1,500 (Continued on Schedule O, Statement 4) 37,814) If this amount includes foreign grants, check here . . . 28a 37,814 Organize the shipping to Ukraine and pay the shipping costs so other organizations could donate medical supplies to medical organizations in Ukraine. Total beneficiaries also likely numbered in the thousands. 29a 0) If this amount includes foreign grants, check here . 29,363 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . . . 31a 0 67,177 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) 5.00 0 0 0 Robert Hay Jr **President** 0 Steven Pecorini 1.00 0 n **Treasurer** Michael Bellissimo 1.00 0 0 0 Secretary

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		/
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed: NY	100		
42a	· · · · · · · · · · · · · · · · · · ·	516-63	9-7658	 B
	Located at: 25 Povero Dr West Floral Park NV 11001	110	001	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	154		.,

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	022)								Р	age 4
46		ne organization engage, directly or in								Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only						46		~
		All section 501(c)(3) organization 50 and 51.					nplete th	e table	es fo	or line	∍s
		Check if the organization used Sch	nedule O to respond	I to any question i	n this F	Part VI	<u> </u>				
47		he organization engage in lobbying				effect d	uring the			Yes	No
40	-	If "Yes," complete Schedule C, Par						-	47		
48		organization a school as described in						_	48		ノ
49a		ne organization make any transfers to es," was the related organization a se		_					19a 19b		
b 50		plete this table for the organization's					 are directo			se an	d ka
00		oyees) who each received more than									J NO
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	cont	d) Health the ributions to fit plans, a	penefits, o employee and deferred	(e) Esti	mate	ed amou	
			·	1099-NEC)		compens	sation		—		
None											
	Tatal		(\$100.000								
		number of other employees paid over							اء ۔،		. م ما ا
51		plete this table for the organization' ,000 of compensation from the organ			ent con	ractors	wno eaci	recer	/eu	more	ınaı
		Name and business address of each independ		(b) Type of	service		(c)	Compe	nsatio	on	
None											
				1							
				1							
						+					
				1							
				1							
d	Total	number of other independent contra	actors each receiving	over \$100,000 .		'					
52		the organization complete Schedu	ıle A? Note: All se	ection 501(c)(3) or	ganizat	ions m	ust attach	_		_	
	comp	oleted Schedule A					<u> </u>	. v	Yes		No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than						nowledge	and	belief,	it is
Sign		Signature of officer				Date					
Here		Steven Pecorini, Treasurer Type or print name and title									
<u></u>		Print/Type preparer's name	Preparer's signature		Date			., P1	ΠN		
Paid	oro	ypo proparor o marite					Check L	it			
Prep Use		Firm's name				Firm'	's EIN				-
		Firm's address				Phor					
May tl	ne IRS	discuss this return with the preparer	shown above? See i	instructions				. 🗔	Yes		۸o

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number						
SUNFLOWER COMMUNITY FUND INC					85-07	
Part I Reason for Public Cha						ons.
The organization is not a private found		,		-	•	
1 A church, convention of church					0(b)(1)(A)(i).	
2 A school described in section			-			
3 A hospital or a cooperative ho	•					(!!!) Fatautles
4 A medical research organization hospital's name, city, and star	te:					
	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 gove 7 An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization	d to its exempt funt int income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11 An organization organized and	d operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12 An organization organized and						
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting organization(s). You must	the supporting o	organization vested in	the same			
c Type III functionally integrated organization						ally integrated with,
d Type III non-functionally that is not functionally into requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
e Check this box if the orga functionally integrated, or	nization received Type III non-func	a written determination	on from the	ne IRS tha	at it is a Type I, Type ion.	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	oorted organization(s).				
(i) Name of supported organization						other support (see
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support			, -	1	/	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			22,428	32,607	71,398	126,433
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0	0	22,428	32,607	71,398	126,433
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			22,428	32,607	28,232	83,267
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			·	·	·	·
С	Add lines 7a and 7b	0	0	22,428	32,607	28,232	83,267
8	Public support. (Subtract line 7c from line 6.)						43,166
Secti	on B. Total Support						,
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	22,428	32,607	71,398	126,433
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	22,428	32,607	71,398	126,433
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second,	, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			3, column (fl)		15	%
16	Public support percentage from 2021 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	
	on D. Computation of Investment In	come Percer	ntage			1	
17	Investment income percentage for 2022 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		_	
b	331/3% support tests—2021. If the organiz						
	line 18 is not more than 331/3%, check this I		=		-		
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	ctions .

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
SUNFLOWER COMMUNITY FUND INC	85-0725542
Form 990-EZ, Part I, Line 10 - Monthly grants totalling \$37,814 to the Ukrainian charitable organization "Dii	
provide mentoring and support to at risk youth and people with disabilities, and to provide humanitarian a	
locations In Ukraine affected by the war.	

Schedule O, Statement 1

Page: 1

SUNFLOWER COMMUNITY FUND INC

Header Section

Form: **Form 990-EZ (2022)** EIN: **85-0725542**

Reasonable Cause Explanations

Explanation

First year filing a 990 EZ. In prior years had filed 990N.

SUNFLOWER COMMUNITY FUND INC

Part I, Line 16

Form: **Form 990-EZ (2022)** EIN: **85-0725542**

Page: 1

Other Expenses Structured Explanation

Description	Amount
bank and wire fees	532
IT services	438
Total:	970

SUNFLOWER COMMUNITY FUND INC

Form: **Form 990-EZ (2022)** EIN: **85-0725542**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The Sunflower Community Fund provides financial assistance to the Sunflower Community, a group of organizations and individuals in Ukraine that assists children in orphanages, people who have lived in orphanages, people with disabilities, at-risk youth, social orphans and children in poverty, and that seeks to improve the quality of their education.

Schedule O, Statement 4 SUNFLOWER COMMUNITY FUND INC

Form: **Form 990-EZ (2022)** EIN: **85-0725542**

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

families in need, and to deliver further humanitarian aid to various locations in Ukraine affected by the war. Total beneficiaries numbered in the thousands.