The Highest Standard



Certified Public Accountants | Business Advisors

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AUGUST 12, 2024

300 Clinton Square

(585) 454-6996

Rochester, NY 14604

**CLIENT COPY** 

THE FRANCES AND HENRY RIECKEN FOUNDATION INC 4100 CATHEDRAL AVE., NW 802 WASHINGTON, DC 20016

THE FRANCES AND HENRY RIECKEN FOUNDATION INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

INSERO & CO. CPAS, LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2023

### PREPARED FOR:

THE FRANCES AND HENRY RIECKEN FOUNDATION INC 4100 CATHEDRAL AVE., NW 802 WASHINGTON, DC 20016

### PREPARED BY:

INSERO & CO. CPAS, LLP 20 THORNWOOD DRIVE ITHACA, NY 14850

### AMOUNT DUE OR REFUND:

NOT APPLICABLE

### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form	8868
(Rev.	January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Io	dentification									
Type or Print	Name of exempt organization, employer, or other filer, see instructions.TaTHE FRANCES AND HENRY RIECKEN FOUNDATIONTa			Taxpayer identification number (TII						
	INC				04-35003	65				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 4100 CATHEDRAL AVE., NW, 80		ions.							
return. See instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20016									
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			01				
Applicat	ion Is For	Return Code	Application Is For			Return Code				
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09				
Form 472	20 (individual)	03	Form 5227			10				
Form 990		04	Form 6069			11				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12				
Form 990	D-T (trust other than above)	06	Form 5330 (individual)			13				
Form 990	D-T (corporation)	07	Form 5330 (other than individual)			14				
Form 104	11-A	08								
<ul> <li>After year</li> </ul>	ou enter your Return Code, complete either Part II or Pa	rt III. Part II	, including signature, is applicable c	only for an	extension of					
time to fi	le Form 5330.									
• If this a	pplication is for an extension of time to file Form 5330, y	you must e	nter the following information.							
Pla	n Name									
	n Number									
	n Year Ending (MM/DD/YYYY)									
Part II - A	utomatic Extension of Time To File for Exempt Orgar	nizations (s	ee instructions)							
The b	ooks are in the care of THE ORGANIZATION									
		VE., N	W, 802 - WASHINGTO	N, DC	20016					
Telepl	none No. <u>202–425–6227</u>		Fax No							
	organization does not have an office or place of busines									
• If this	is for a Group Return, enter the organization's four-digit	Group Exe	mption Number (GEN)	If this is for	r the whole group,	check this				
box	. If it is for part of the group, check this box									
<b>1</b> Ire	quest an automatic 6-month extension of time until $~~{ m \underline{N}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	pt organization ret	urn for				
-	organization named above. The extension is for the org	anization's	return for:							
X	calendar year 20 $23$ or									
	tax year beginning	, 20	, and ending		,2	20				
2 lft	ne tax year entered in line 1 is for less than 12 months, c	check reaso	on: Initial return	Final retur	n					
	Change in accounting period									
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less			•				
	nonrefundable credits. See instructions.			3a	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0				
	imated tax payments made. Include any prior year overp			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pa					~				
	ng EFTPS (Electronic Federal Tax Payment System). Se		ns.	3c	\$	0.				
For Priva	acy Act and Paperwork Reduction Act Notice, see ins	tructions.			Form <b>8868</b> (F	Rev. 1-2024)				

LHA 323841 12-22-23

	EXTENDED	TO NO	VEMBER	15, 2	024	
Return	of Organ	ization	Exemp	t Fror	n Incoi	me Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form

**99**0

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Α	For th	e 2023 calendar year, or tax year beginning and	ending						
В	Check i applical	THE FRANCES AND HENRY RIECKEN FOUNDATION							
	Addr Char Nam		04-350036	55					
	char Initia								
	retur Final		Room/suite 802	E Telephone number					
	retur term		002	202-425-6	886,178.				
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20016		G Gross receipts \$					
	retur Appl			H(a) Is this a group re					
	tion pend	SAME AS C ABOVE		for subordinates' H(b) Are all subordinates ind					
<u> </u>	Tay-o	C         ADOVI           cempt status: $\mathbf{X}$ 501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) (	or 527		list. See instructions				
	Webs			H(c) Group exemption					
		of organization: X Corporation Trust Association Other	I Year		State of legal domicile: MA				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: WE OI	FFER C	ENTRAL AMERI	CANS HOPE				
Activities & Governance		AND THE OPPORTUNITY TO OVERCOME POVERTY B							
'nar	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.				
love	3	Number of voting members of the governing body (Part VI, line 1a)		3	8				
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
80	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u> </u>				
vitie	6	Total number of volunteers (estimate if necessary)	imate if necessary)						
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	k	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		805,803.	796,030.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Sev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		452.	331.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,255.	796,361.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		290,372.	311,071.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		290,372.	<u> </u>				
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.				
Ä	- K	O Total fundraising expenses (Part IX, column (D), line 25)     93,36		408,241.	635,183.				
	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		698,613.	946,254.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		107,642.	-149,893.				
or	1.0	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
sts o	20	Total assets (Part X, line 16)		364,574.	193,762.				
Assets	20			53,762.	32,843.				
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		310,812.	160,919.				
P	art II			510,012.					

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

Sign	Signature of officer	Date
-	WILLIAM CARTWRIGHT, PRESIDENT	
	Type or print name and title $\bigcirc$ 1.4	, ] ]
	Print/Type preparer's name Preparer's signature /	e Date Check PTIN
Paid	PATRICK JORDAN	08/12/2024 self-employed P00854521
Preparer	Firm's name INSERO & CO. CPAS, LLP	Firm's EIN 47-5324570
Use Only	Firm's address 20 THORNWOOD DRIVE	
	ITHACA, NY 14850	Phone no. (607) 272-4444
May the IF	RS discuss this return with the preparer shown above? See instructions	ns
LHA For	Paperwork Reduction Act Notice, see the separate instructions.	332001 12-21-23 Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THE FRANCES AND HENRY RIECKEN FOUNDATION		
Form	orm 990 (2023) INC 04-35003	65 Page	<b>2</b> •
Par	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1			
	WE OFFER CENTRAL AMERICANS HOPE AND THE OPPORTUNITY TO OVERCOME		
	POVERTY BY PROMOTING DEMOCRACY AND PROSPERTIY THROUGH COMMUNITY		
	LIBRARIES THAT SPARK A SPIRIT OF DISCOVERY AND FOSTER CITIZEN		
	PARTICIPATION.		
2		]., <b>[</b>	
		Yes X N	10
	If "Yes," describe these new services on Schedule O.	]., <b>[</b>	
3		Yes X N	10
	If "Yes," describe these changes on Schedule O.		
4	5 1 5 1 5 7 7 7 1		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.	ses, and	
42	Hardware         Code:         ) (Expenses \$679,873.         including grants of \$) (Revenue \$)		
44	OFFERING BOOKS, PROGRAMS REVELANT TO THE NEEDS OF THE COMMUNITIES	BEING	_ )
	SERVED, AND ACCESS TO TECHNOLOGY WHENEVER POSSIBLE-RIECKEN LIBRAR		
	CONNECT PEOPLE IN HONDURAS AND GUATEMALA TO EACH OTHER AND TO THE		
	WORLD. THEY HELP PREPARE A GENERATION OF LOCAL LEADERSHIP. AND	THEY	
	OPEN MINDS AND IMAGINATIONS TO A WORLD OF POSSIBILITIES OTHERWISE		
	INACCESSIBLE TO THESE UNDERSERVED COMMUNITIES.		
4b	4b         (Code:) (Expenses \$ including grants of \$) (Revenue \$)		_ )
4.0			
4c	4c         (Code:) (Expenses \$ including grants of \$) (Revenue \$)		_ )
_			_
4d	4d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e			
	F	orm <b>990</b> (20	23)
332002	32002 12-21-23		

INC

Part IV Checklist of Required Schedules

Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			21
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	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? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	X (2023)
332003	12-21-23	rorm	220	(2023)

332003 12-21-23

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Form	990 (2023) INC 04-350 (	) <u>365</u>	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	_		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
5.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
		38	х	
Par		1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ũ	(gambling) winnings to prize winners?	1c		
332004	1 12-21-23		990	(2023)
	5			. ,

INC

Form 990 (2023)

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Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
3a				3a 3b		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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country HONDURAS, GUATEMALA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter tax she			<u>5</u> b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					v
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		0	<b>a</b> 1		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the ergenization receive a neumant in excess of $\$75$ made partly as a contribution and partly for goods and say		vovidad to the power	76		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b		Λ
			uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		x
d		7d	1	70		<u></u>
			10	7e		Х
f	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>bid the organization during the year pay premiume directly or indirectly on a personal benefit contract?</li> </ul>					X
g						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
-	<ul> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>					
Ū	sponsoring organization have excess business holdings at any time during the year?					
9						
а				9a		
b						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		v
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4 tur -		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
47	If "Yes," complete Form 4720, Schedule O.	+i, .:+: - ·				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative value result in the imposition of an average tax under section 4951, 4952 or 49532			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
332005	12-21-23			Form	990	(2023)
						()

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INC 04-3500365 Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 7 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe С Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а Х Other officers or key employees of the organization 15b b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 THE ORGANIZATION - 202-425-6227 4100 CATHEDRAL AVE., NW, 802, WASHINGTON, DC 20016 Form **990** (2023) 332006 12-21-23 7

THE FRANCES AND HENRY RIECKEN FO

m 990	(2023)	

Form 990 (2				04-35
Part VII	Compensation of Office	rs, Directors, Trustees	, Key Employees	Highest Compensated
	Employees, and Indepe	Ident 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.

INC

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	, unles	ss per	rson i	s both pr/trus	n an	compensation	compensation	amount of
	week			uau	liecto	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-IMISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	idual t	Institutional trustee	2	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			Ū.
(1) WILLIAM CARTWRIGHT	40.00									
PRESIDENT & CEO		Х		Х				62,167.	Ο.	34,473.
(2) ADRIAN RIDNER	1.50									
DIRECTOR		Х						0.	0.	0.
(3) ALLEN ANDERSSON	1.50									
SECRETARY		Х		Х				0.	0.	0.
(4) DANIEL M. BRADBURY	1.50									
DIRECTOR		Х						0.	Ο.	0.
(5) DIVANNY LAMAS	1.50									
DIRECTOR		Х						0.	Ο.	0.
(6) JIM WILSON	3.00									
DIRECTOR		Х		Х				0.	Ο.	0.
(7) JONATHAN HOFIUS	1.50									
DIRECTOR		Х						0.	0.	0.
(8) LIZ DAVILA	6.75									
DIRECTOR		Х						0.	0.	0.
						<u> </u>				
						<u> </u>				
										Form <b>990</b> (0000)

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332007 12-21-23

Form 990 (2023)

7370	ICES AND	HE	NR	Y	RI	EC	KĒ	IN FOUNDATION		- 0 0 2		D 9
Form 990 (2023) INC Part VII Section A Officers Directors Tru									04-35	500.	505	Page <b>8</b>
Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related	(do box offic	not cl , unles cer an	(C Posi heck r ss per	c) more f son is rector	than o s both r/trust	ne an	<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	s	Estir amo ot compe	F) nated unt of her ensation n the
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and r	ization elated zations
		-										
		-										
		-										
1b Subtotal c Total from continuation sheets to Part d Total (add lines 1b and 1c)	/II, Section A							62,167. 0. 62,167.		0.0.		, <u>473.</u> 0. ,473.
2 Total number of individuals (including but compensation from the organization							o re		000 of reportable	-		0
<ul> <li>3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i></li> <li>4 For any individual listed on line 1a, is the</li> </ul>	such individual sum of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization		3	es No X
<ul> <li>and related organizations greater than \$1</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," co</i></li> </ul>	accrue comper	nsati	on fr	om a	any	unre	late	ed organization or individ	lual for services		4 5	X
Section B. Independent Contractors           1         Complete this table for your five highest of the section o	-									ensat	ion from	1
the organization. Report compensation fo (A) Name and busines			ondin		ith o	or wit	hin	the organization's tax ye (B) Description of s		C	(C) ompens	ation
							_					
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nitec	d to t	hos 0		ted	above) who received mo	pre than		Form <b>99</b>	<b>90</b> (2023)

			2023) INC				04-3500	365 Page <b>9</b>
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	-1		Federated campaigns 1a					30010113 312 314
, Gifts, Grants nilar Amounts								
D D D			Membership dues     1b       Fundraising events     1c					
ifts, r Ai			Related organizations					
s, G			Government grants (contributions) <b>1e</b>					
ons			All other contributions, gifts, grants, and					
outi			similar amounts not included above 1f	796,030.				
Contributions, ( and Other Simil		g	Noncash contributions included in lines 1a-1f	89,817.				
Col		h	Total. Add lines 1a-1f		796,030.			
				Business Code				
e	2	а						
e		b						
n Se		С						
ran Sev		d						
Program Service Revenue		е						
٩			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		331.			331.
	4	other similar amounts) Income from investment of tax-exempt bor			551.			
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a	(				
	Ŭ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a 89</b> , <b>817</b> .					
		b	Less: cost or other basis					
anı			and sales expenses 7b 89,817.					
evenue		С	Gain or (loss)	•				
Ě			Net gain or (loss)	·····	0.			
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		<b>b</b>	Part IV, line 18 8a Less: direct expenses 8t					
			Less: direct expenses 88 Net income or (loss) from fundraising events	, ,				
	9		Gross income from gaming activities. See					
	5	u	Part IV, line 19					
		b	Less: direct expenses 9t					
	10		Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	а						
lane enu		b						l
Sev		С						l
Mis			All other revenue					
			Total. Add lines 11a-11d		706 261	0	0	221
00000	12		Total revenue. See instructions		796,361.	0.	0.	331. Form <b>990</b> (2023)
33200	a 15-	-21-	20					(2023)

332009 12-21-23

10

Form 990 (2023)

(D)

Fundraising

expenses

9,664.

57,023.

1,428.

936.

848.

19,790.

2,369.

1,146.

157.

#### 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 (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22

	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign
	organizations, foreign governments, and foreign
	individuals. See Part IV, lines 15 and 16
4	Benefits paid to or for members

INC

5	Compensation of current officers, directors,
	trustees, and key employees
6	Compensation not included above to disqualified
	persons (as defined under section 4958(f)(1)) and
	persons described in section (1958(c)(3)(B)

	persons described in section 4958(c)(3)(B)	
7	Other salaries and wages	
-		

### Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions)

Other employee benefits 9 Payroll taxes

#### 10 11 Fees for services (nonemployees): Management а b Legal

С

Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel

#### 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Insurance

Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) NEW LIBRARIES а LIBRARY PROGRAMMING b FOLLOWUP MONITORING С d MATERIALS

e All other expenses Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

190,789.

96,640.

39,580.

30,118.

11

62,816.

86,069.

9,290.

6,077.

32,109.

11,986.

27,106.

44,205.

2,182.

229,756.

126,053.

29,025.

5,760.

7.439.

679,873.

24,160.

47,697.

3,574.

2,337.

849.

19,790.

10,396.

2,997.

3,012.

6,076.

545.

25,528.

14,006.

7,256.

4.019.

173,020.

622.

156.

# 14,292. 9,350. 1,697.

44,874.

# 14,983. 313.

51,427.

2,727. 255,284.

### 140,059. 36,281. 6,382. 11,458.

946,254.

Form 990 (2023)

93,361.

Check here

Form 990 (2023)

Pa	τX	Balance Sheet					¥
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			294,269.	1	126,560.
	2	Savings and temporary cash investments	13,984.	2	31,777.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. <u>10a</u>	60,739.			4 014
	b	Less: accumulated depreciation			2,559.	10c	4,311.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			F0	14	21.114
	15	Other assets. See Part IV, line 11			53,762.	15	31,114.
	16	Total assets. Add lines 1 through 15 (must ed			364,574.	16	193,762.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18	1 700		
	19	Deferred revenue				19	1,729.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
oiliti		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin			53,762.	25	31,114.
	26	of Schedule D Total liabilities. Add lines 17 through 25			53,762.	26	32,843.
	20	Organizations that follow FASB ASC 958, cl	neck her	e X	55,702.	20	52,015.
Se		and complete lines 27, 28, 32, and 33.					
nc	27				255,494.	27	112,870.
3ale	28	Net assets with donor restrictions	55,318.	28	48,049.		
Pd	20	Organizations that do not follow FASB ASC					
Fur		and complete lines 29 through 33.	000, 011				
P	29	Capital stock or trust principal, or current fund		29			
iets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			310,812.	32	160,919.
2	33	Total liabilities and net assets/fund balances			364,574.	33	193,762.
					•		Form <b>990</b> (2023)

THE	FRANCES	AND	HENRY	RIECKEN	FOUNDATION
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Form	1 990 (2023) INC	04-	3500365	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	796				
2	Total expenses (must equal Part IX, column (A), line 25)	2	946				
3	Revenue less expenses. Subtract line 2 from line 1	3	-149	, 89	93.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	310	),81	12.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form 990 (2023)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service Name of the organization			Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047 <b>2023</b> Open to Public Inspection						
Nar	ne of t	ne organizati	on THE INC	FRANCES AND	D HENRY RIECH	KEN FO	JUNDA	LION		r identification number 4-3500365	
Pa	art I	Reason		Charity Status.	(All organizations must c	omplete th	nis nart ) S	ee instruction		4-3300303	
					For lines 1 through 12, cl						
1			•		n of churches described		,	1)(A)(i).			
2	$\square$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	$\square$	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	e:								
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6				0	nental unit described in			.,			
7	X				ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general j	public described in	
•		-		omplete Part II.)							
8 9	$\square$	-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(i	-	od in coniu	unction with a	land grant	collogo	
5		0			ulture (see instructions).				Ũ	•	
		university:		fram conego or agrio			lame, eny	, and state of	the conege		
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		•	•	•	vely to test for public sat	5					
12					vely for the benefit of, to						
					d in section 509(a)(1) o					Sneck the box on	
a		7	÷		f supporting organizatior upervised, or controlled				-	aivina	
	•			-	gularly appoint or elect a	• • • •	-				
			0	complete Part IV, Se							
k		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ ~	( )	t complete Part IV,							
C					g organization operated				lly integrate	ed with,	
	. —		0	.,.	). You must complete I			-			
C			-	•	oorting organization oper ation generally must sat				Ŭ		
			2	<b>o o</b>	nplete Part IV, Sections				an allenin	Veness	
e		- ·			written determination from				II. Type III		
	·		•		nally integrated supporti			.)pe., .)pe	, . , po		
1	Ente	er the number of									
<u></u>	·		<u> </u>	about the supporte	<u> </u>						
	(i	<ul> <li>i) Name of suppo organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No		131140110113)		
_											
										ļ	
Tot	al							1		1	

Schedule A (Form 990) 2023

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Part II	Support Schedule for	r Organizations	<b>Described in Sections</b>	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
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(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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	456,901.	342,390.	850,968.	805,803.	796,030.	3252092.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	456,901.	342,390.	850,968.	805,803.	796,030.	3252092.			
5										
	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,						001 000			
	column (f)						981,373.			
	Public support. Subtract line 5 from line 4.						2270719.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 3252092 •			
-	Amounts from line 4	456,901.	342,390.	850,968.	805,803.	796,030.	3252092.			
8										
	dividends, payments received on									
	securities loans, rents, royalties,	420	662	201	450	221	0 155			
	and income from similar sources	428.	663.	281.	452.	331.	2,155.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital		600.				600.			
	assets (Explain in Part VI.)		000.				3254847.			
	<b>Total support.</b> Add lines 7 through 10		20			10	5254047.			
	Gross receipts from related activities,					12				
13	First 5 years. If the Form 990 is for the	-		-						
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2023 (I			column (f))		14	69.76 %			
	Public support percentage from 2022		-			15	62.12 %			
	<b>33 1/3% support test - 2023.</b> If the c									
100	stop here. The organization qualifies						V			
h	<b>33 1/3% support test - 2022.</b> If the o		-							
~	and <b>stop here.</b> The organization qual									
<b>17</b> a	10% -facts-and-circumstances test									
	and if the organization meets the fact									
	meets the facts-and-circumstances te			•	raonization					
b	10% -facts-and-circumstances test	0	•	,	•					
~	more, and if the organization meets th	•								
	organization meets the facts-and-circu									
18	Private foundation. If the organization		•							
			,				(Form 990) 2023			

Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	23 12-21-23					Sched	dule A (Form 990) 2023

Schedule A (Form 990) 2023

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1

2

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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# THE FRANCES AND HENRY RIECKEN FOUNDATION Schedule A (Form 990) 2023 INC Part IV Supporting Organizations (continued)

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			Vaa	Ne
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<sub>detail in</sub> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion D. 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 <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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0.00	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructior	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
332025		le A (Fori	n 990)	2023

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THE	FRANCES	AND	HENRY	RIECKEN	FOUNDATION
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	dule A (Form 990) 2023 LNC			04-3500365 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.			
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations		4-3500365 Page 7
		allo Supporting Orga	nizations (continu	led)	Ourse and Manage
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose		2		
		es of supported organizations	<u>.</u>	4	
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro-			5	
<u>5</u> 6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		· ·	
0	(provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

			FRANCES	AND	HENRY	RIECKEN	FOUNDATION	
Schedule A	(Form 990) 2023	INC						04-3500365 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3 lines 2 ar	c, 4b, 4c, 5a, 6, nd 3; Part IV, Se	9a, 9b, ection E,	9c, 11a, 111 lines 1c, 2a	o, and 11c; Part , 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
332028 12-21-2	23				0.1			Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	n.

2023

Employer identification number

INC

INC	
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THE	FRANCES	AND	HENRY	RIECKEN	FOUNDATION	
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### Special Rules

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

### Schedule B (Form 990) (2023)

THE FRANCES AND HENRY RIECKEN FOUNDATION

Name of organization

Page 2

Employer identification number

04-3500365

INC		(	)4-3500365
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIZ AND JUAN DAVILA 897 NORFOLK PINE AVE SUNNYVALE, CA 94087	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KISSICK FAMILY FOUNDATION 922 NAPOLI DRIVE PACIFIC PALISADES, CA 90272-4036	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	G. LEONARD BAKER JR. AND MARY ANNE NYBURG BAKER 940 HAMILTON AVENUE PALO ALTO, CA 94301	\$89,817.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE DAVID & LUCILE PACKARD FOUNDATION <u>343 SECOND STREET</u> LOS ALTOS, CA 94022	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-26	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046-3594	\$35,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

08190812 769695 9617

23

	B (Form 990) (2023)			Page <b>2</b>
	rganization RANCES AND HENRY RIECKEN FOUNDATION		Emplo	yer identification number
INC			04	-3500365
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
7	VANGUARD CHARITABLE			Person X Payroll
	P.O. BOX 9509 WARWICK, RI 02889	\$75,0	00.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8	GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212-5203	\$40,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

	B (Form 990) (2023)			Page <b>3</b>
	rganization RANCES AND HENRY RIECKEN FOUNDATION		Emplo	yer identification number
INC	RANCES AND HEART RIECKEN FOUNDATION		04	-3500365
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
3	STOCK			
		\$89,8	17.	06/02/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
		φ		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
323453 12-26	3-23			Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page <b>4</b>					
	organization		Employer identification number					
THE F	RANCES AND HENRY RIECKE	N FOUNDATION	04-3500365					
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or less</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(c) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	1					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
323454 12-26	6-23	26	Schedule B (Form 990) (2023)					

SC		Supplementa	al Financial Statements	OMB No. 1545-0047					
	(Form 990) Complete if the organization answered "Yes" on Form 990, <b>202</b>								
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.         Leven           Department of the Treasury         Attach to Form 990.         Open to P								
Interna	Revenue Service		0 for instructions and the latest information						
Nam	e of the organization		NRY RIECKEN FOUNDATION	Employer identification number					
Pa	t I Organiza	INC Itions Maintaining Donor Advised	d Funds or Other Similar Funds or	04-3500365					
I ui		n answered "Yes" on Form 990, Part IV, lin		Complete il the					
	0		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at en	d of year							
2		contributions to (during year)							
3	Aggregate value of	grants from (during year)							
4	Aggregate value at	end of year							
5	-		writing that the assets held in donor advised f						
			exclusive legal control?						
6	•		dvisors in writing that grant funds can be use	•					
			r donor advisor, or for any other purpose con						
Pa			ganization answered "Yes" on Form 990, Part						
1		ervation easements held by the organization							
•		of land for public use (for example, recrea		istorically important land area					
		f natural habitat		ertified historic structure					
	Preservation	of open space							
2	2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last								
	day of the tax year. Held at the End of the Tax Ye								
а	Total number of co								
b	Ũ								
C			ucture included on line 2a	<u>2c</u>					
a		vation easements included on line 2c acqu		2d					
3			eased, extinguished, or terminated by the org						
Ŭ	year	, , ,	cased, extinguished, or terminated by the org						
4		where property subject to conservation easies	sement is located						
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of						
	violations, and enfo	prcement of the conservation easements it	holds?	Yes 🗌 No					
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year					
•									
8			satisfy the requirements of section 170(h)(4)(						
9			on easements in its revenue and expense stat						
Ũ		•	note to the organization's financial statements						
	organization's acco	ounting for conservation easements.	-						
Pa	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.					
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and I	balance sheet works					
			blic exhibition, education, or research in furthe	erance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.								
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,								
	provide the following amounts relating to these items.								
	(i) Revenue included on Form 990, Part VIII, line 1         \$								
2			asures, or other similar assets for financial ga	in, provide					
		ints required to be reported under FASB A							
а	Revenue included	on Form 990, Part VIII, line 1	-	\$					
				\$					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023					
33205	09-28-23		27						
			27						

THE I	FRANCES	AND	HENRY	RIECKEN	FOUNDATI	ON
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Schedule p. Fern 1900 (202)       TNC       0.4 - 3500.355       Page.2         Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. (continued)         3       Uniting the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection tens (check all that apply).         a       Duble softbittion       d       Loan or exchange program         b       Scholarly research       e       Other			NCES AND H	ENRY	RIECKI	EN FOUN	DATIC				
3         Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection fems (check all that appl).         d         Loan or exchange program           b         Scholarly reaseach         e         Other		dule D (Form 990) 2023 INC						04-3	50036	<u>5 р</u>	age <b>2</b>
collection terms (check all that apply).       a       Delta exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         c       Preservation for future generations       e       Other         c       Provide accipation of the organization sollections and explain how they futther the organization second the organization sollection?       Yee       No         Part J       Escholar them to be maintained as part of the organization sollection?       Yee       No         Part J       Escholar anount on form 990, Part X, line 21.       The second anount on form 990, Part X, line 21.       Amount         c       Beginning balance       1e       Amount       1e       Im       Im       Im       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Im       Im <td>Par</td> <td>t III   Organizations Maintaining C</td> <td>ollections of Ar</td> <td>t, Histo</td> <td>prical Tre</td> <td>asures, or</td> <td>r Other</td> <td>Similar Asse</td> <td>ets <sub>(contil</sub></td> <td>nued)</td> <td></td>	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	prical Tre	asures, or	r Other	Similar Asse	ets <sub>(contil</sub>	nued)	
a       Public exhibition         b       Scholary research         c       Preservation for future generations         4       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       During they are, did the organization is collection?       Image: Collection?       Image: Collection?         4       Provide a description of the organization is collection?       Image: Collection?       Image: Collection?         6       Dering they sear, did the organization and search or the organization answered "Yes" on Form 990, Part X, line 21.       Image: Collection?       Image: Collection?         1       Is the organization and provide the following table:       Image: Collection?       Image: Collection?       Image: Collection?         5       Image: Collection?       Image: Collection?       Image: Collection?       Image: Collection?       Image: Collection?         6       Bignining balance       Image: Collection?       Image: Collection	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sig	nificant use of it	ts		
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements       Complete if the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part N, line 9.1       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       1e       1a         c       Beginning balance       1e       1e       1e       1e       1e         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part Xes"       Part Xes"         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part Xes"       Part Xes"       Pare Xes"         a Contributio		collection items (check all that apply).									
b       Scholary research       e       Other         c       Prevention for future generations         4       Provide a description of the organization societ or receive donations of art, historical treasures, or other similar asserts to be solid to raise hunds arter than to be maintained as part of the organization collection?       Yes       No         Provide a description of the organization of collections and explain how they further the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21.       Yes       No         b       If Yes, "explain the arangement in Part XIII and complete the following table:       Amount       Yes       No         b       If Yes, "explain the arangement in Part XIII and complete the following table:       Amount       1e       1e<	а	Public exhibition	c	1 🗌 I	_oan or exc	hange progra	am				
c Presevation for future generations   4 Provide a description of the organization's collections and explain how they futher the organization's exempt purpose in Part XIII.   5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets   to be sold to raise funds rather than to be maintained as part of the organization's collection?   Part IVI Escrew and Custocial Arrangements   General Secrew and Custocial Arrangements Complete if the organization answered 'Yes' on Form 990, Part N, line 91, and the arrangement in Part XIII and complete the following table:   6 Beginning balance Ind   16 Ind   16 Ind   17 Yes   20 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   20 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   21 Dation organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   21 Definition of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   22 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   21 Definition of the organization solute on the organization solute on the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?   23 Definition of the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? <t< td=""><td>b</td><td>Scholarly research</td><td>e</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	b	Scholarly research	e								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements Complete if the organization assesses     to be add to raise funds rather than to be maintained as part of the organization assesses, or other similar assets     The organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X2, Ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X2, Ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X2, Ine 21.     Is the organization in the arrangement in Part XIII.     Distributions during the year     Ite     Ite	с	Preservation for future generations									
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         Part IV       Excrow and Custodial Arrangements Complete if the organization is collaction?         Part IV       Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         1       Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part XP.       No         b       If "Yes," explain the arrangement in Part XII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       Part V       Inclose the explanation has been provided in Part XII.       No         d       Gurrent year       (a) Current year       (b) Prior year 14, V, line 10.       Inclose the explanation has been provided in Part XII.       Part V       Inclose the explanation has been provided in Part XII.       Part V         d       Gurrent year       (b) Prior year 14, V, line 10.       Inclose the explanation has been provided in Part XII.	4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exem	ot purpose in Pa	art XIII.		
To be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X.         In is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X.         In set the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X.         In set the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X.         In set the organization and the part XIII and complete the following table:         Amount         In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           D If "Yes", veglian the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           D If "Yes", veglian the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         In the organization answered "Yes" on Form 990, Part IV, line 10.           Part V         Endowment Funds         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         In the organization and the part Part Part Part Part Part Part Part P	5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar a	ssets			
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X  line 21.       Ives       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Ives       Amount         c       Beginning balance       Ives       Ives       No         b       If "Yes," explain the arrangement in Part XIII       Ives       Ives       No         c       Beginning balance       Ives       Ives       No         b       If "Yes," explain the arrangement in Part XIII       Ives       Ives       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 980, Part IV, line 10.       Ives       Ives       Ives       Ives       No         b       Contributions       Ives       Ives <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td></td><td>No</td></t<>									Yes		No
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       Id       Id         c       Beginning balance       1d       Id	Par										
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image:					- 5				,,		
on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Ince years back (e) Four years back if on the year back is and programs in the provided in Part XIII       Ince years back is and year years back if on the year back is and programs in the programs is and programs in the programs is and programs in the arrangement im Part XIII the set of the set of the organization is set of assisting the programs is and program	1a			diary for d	contribution	is or other as	sets not ir	ncluded		-	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	iu								Ves		No
c       Beginning balance       Image: Construction of the provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation has been provided in Park XIII. Check here if the explanation answered "Vest" on Form 990, Part X, line 10.         Park V       Endowment Funds Complete if the organization answered "Vest" on Form 990, Part X, line 10.         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four	h							······ I	163		
c       Beginning balance       1c         d       Additions during the year       1d         d       Ending balance       1d         2a       Distributions during the year       1f         1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti liability?       Yes       No         b       If ''esc'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment FundS       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       (b) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1c       d Grants or scholarships       (a)       (a)       (c) Two years back       (d) Three years back       (e) Four years back	D		and complete the lo	nowing ta	able.				Δmoun		
d Additions during the year       1d         e Distributions during the year       1e         1 Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization nasweerd "Yes" on Form 990, Part XIII       Of Two years back       (e) Four years back								4.	/ inour		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Did Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not wears the analysis of the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         f       Administrative expenditures for facilities       (f) Administrative expenditures for facilities       (f) Administrative expendes       (f) Administrative expenses       (f) Pour year       (f) Pouryear       (f) Pouryear											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher synchtures for facilities       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         9       End of year balance       (b) Perior year       (c) Two years back       (e) Four years         9       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Prior year       (f) Prio	-										
b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:         a       Board designated or quasi-endowment       %       %       %       %         b       Permanent endowment       %       %       %       %       %         f(i)       Unrelated organizations?       (a) (1) Intelated organizations endowment funds.         f(i											7
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two systems       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two systems       (c) Two years back       (d) Two years back       (e) Four years back         f       Administrative expenses       (c) Two systems       (c) Two years back       (d) Two years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Two years back       (e) Four years         g       End of year balance       (f) Two years back       (f) Two years back       (f) Two years back <td< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>/?</td><td> Yes</td><td></td><td></td></td<>		-						/?	Yes		
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance											
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Derivation by:       Image: Contributions       Image: Contributions       Image: Contributions         d       Term endowment	Par	<b>Endowment Funds</b> Complete if		1		1					
b       Contributions			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (	<b>d)</b> Three years ba	ck (e) Fou	r years	back
c       Net investment earnings, gains, and losses	<b>1</b> a										
d Grants or scholarships	b	Contributions									
e       Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
e       Other expenditures for facilities and programs	d	Grants or scholarships									
f       Administrative expenses	е										
f       Administrative expenses		and programs									
g End of year balance	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         main percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations?         (ii)       Related organizations?         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         bis (investment)       bis (other)         basis (other)       (b) Cost or other basis (other)         basis (other)       (c) Accumulated depreciation         1a       Land											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rent vear end balance	e (line 1a	. column (a)	) held as:	I				
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			,	. 0	, ee.a (a)						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:											
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(i) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li></ul>	~										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Part VI</li> <li>Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li></ul>	C	· · · · · · · · · · · · · · · · · · ·	-								
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3a(i)         (ii)       Related organizations?       3a(ii)       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3c         Part VI       Land, Buildings, and Equipment       3c       3c       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       3c         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       5c       5c       5c       5c       5c         c       Leasehold improvements       5c	20		-	ation that	are hold or	d administor	od for the				
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings	Ja	·	SSION OF THE OFGATILZA		are neiù ai	iu auriiriister				Vas	No
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		0 ,							0-(1)	103	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		•									
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land				wment fu	unds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par					<b>–</b> 000		10			
basis (investment)     basis (other)     depreciation       1a Land			d "Yes" on Form 990	J, Part IV		1	, Part X, III	ne 10.			
1a Land		Description of property	1				• • •		<b>(d)</b> Boo	k valu	е
b Buildings			basis (investr	ment)	basis	(other)	depi	reciation			
c Leasehold improvements         45,691.         41,380.         4,311.           e Other         15,048.         15,048.         0.	1a	Land									
c Leasehold improvements         45,691.         41,380.         4,311.           e Other         15,048.         15,048.         0.											
d Equipment         45,691.         41,380.         4,311.           e Other         15,048.         15,048.         0.	с	Leasehold improvements									
e Other										4,3	11.
					1	5,048.		15,048.			
				X. line 10	)c. column	(B))				4,3	11.

Schedule D (Form 990) 2023

THE	FRANCES	AND	HENRY	RIECKEN	FOUNDATION
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Schedule D (Form 990) 2023 INC		04	-3500365 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	n Form 000 Dart IV line	11d Coo Form 000 Part V line 15	
Complete if the organization answered "Yes" c	Description	The See Form 990, Part A, life 15.	(b) Book value
(a)	Jeschption		31,114.
			JI, 114.
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B</i> ))		31,114.
Part X Other Liabilities	(=))		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE			31,114.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<u>(B))</u>		31,114.

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

Schedule D (Form 990) 2023

332053 09-28-23

THE FRANCES AND HE	NRY RIECKEN FOUNDATION
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Sche	dule D (Form 990) 2023 INC			00365 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			796,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	796,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			796,361.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements			946,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			946,254.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>,</u> )		946,254.
Pa	rt XIII Supplemental Information			

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

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)			ivities Outside the Ur nswered "Yes" on Form 990, Part IV,			OMB No. 1545-0047
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.	E	Inspection
Name of the organization THE FRANCES AN	D HENRY R	TECKEN FO	ΝΟΤΨΑΠΝΙΟ		Employer I	dentification number
INC					04-350	0365
Part I General Inf	ormation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answe	ered "Yes" on
Form 990, Part	IV, line 14b.					
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
-	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
United States.	The following Part	l lino 3 tablo or	n ha duplicated if additional space is r	voodod )		
3 Activities per Region. (a) Region	(b) Number of	1	an be duplicated if additional space is r (d) Activities conducted in the region	1	vity listed in (d	d) (f) Total
() 5	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	l investments
		in the region	recipients located in the region)	of service	(s) in the regio	in the region
CENTRAL AMERICA AND				LIBRARIES I		
THE CARIBBEAN -				UNDERSERVEI		T
ANTIGUA & BARBUDA,		10	DROGRAM GERVICE	REMOTE VILI	AGES AND	670 973
ARUBA, BAHAMAS,	2	10	PROGRAM SERVICE	TOWNS.		679,873.
3 a Subtotal	2	0				679,873.
<b>b</b> Total from continuatio						
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	2	0				679,873.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

S sol E A	Region     (d) Purpose of grant     (e) Amount of cash grant     (f) Manner of cash grant     (g) Amount of noncash assistance     (h) Description of noncash assistance     (i) Method of of noncash assistance	<b>the United State</b> additional space i	
SE A North Contract A Sector A			
THE       FRANCES       AND       HENRY         Schedule       Fform 980) 2023       INC       Eartil       Crants and Other Assistance to Organizations or Entities Outside         Tartil       Grants and Other Assistance to Organization       (b) IRS code section       (c) Region       (c)         1       and ElN (if applicable)       (c) Region       (c)       (c)       (c)         1       and ElN (if applicable)       (c)       (c)       (c)       (c)         1       and ElN (if applicable)       (c)       (c)       (c)       (c)         1       and ElN (if applicable)       (c)       (c)       (c)       (c)	(b) IRS code section and EIN (if applicable)	rrm 990) 2023 INC nts and Other Assistance to Organizatio pient who received more than \$5,000. Part	THE FRANCI rm 990) 2023 INC

Schedule F (Form 990) 2023

332072 11-29-23

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	V, line 16.	<b>(g)</b> Description of noncash assistance					Schedu
04 - 3500365	n Form 990, Part I	(f) Amount of noncash assistance					
04	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	<b>(e)</b> Manner of cash disbursement					
		<b>(d)</b> Amount of cash grant					
	e the United Sta <sup>.</sup> d.	<b>(c)</b> Number of recipients					
INC	e to Individuals Outsid Iditional space is neede	<b>(b)</b> Region					
Schedule F (Form 990) 2023 II	Part III         Grants and Other Assistance to Individuals Outside the United States.           Part III         can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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Schedu	ile F (Form 990) 2023 INC	04-3500365	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

THE	FRANCES	AND	HENRY	RIECKEN	FOUNDATION
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Schedule F	(Form 990) 2023	INC		04-3500365	Page 5
Part V	Supplementa				<u>u</u>
	Provide the inform investments vs. ex	nation required by Part I, line 2 (n xpenditures per region); Part II, lii	ne 1 (accounting method); Part III (ac	umn (f) (accounting method; amounts of counting method); and Part III, column (c) additional information. See instructions.	
000075 41 05	20			Cobedula F /Forma	00) 0000
332075 11-29-3	20		25	Schedule F (Form 9	50) 2023

### SCHEDULE M 000

# **Noncash Contributions**

OMB No. 1545-0047

23

- (F	orm	99U)	

### Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection Employer identification number

Department of the Treasury	
Internal Revenue Service	

#### THE Name of the organization FRANCES AND HENRY RIECKEN FOUNDATION

04-3500365

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	INC	
Part I	Types of Property	
		(a)
		Check if
		applicable

_							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	89,817.	MEAN PRICE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $\dots$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( )						
26	Other ( )						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			<del></del>
~~	<b>5</b> · · · · · · · · · · · · · · · · · · ·					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of					00.	v
	exempt purposes for the entire holding period?	<i>(</i>				30a	X
b	If "Yes," describe the arrangement in Part II.						

31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?
b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

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

Schedule M (Form 990) 2023

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LHA 332141 09-11-23

Schedule M (Form 990) 2023 INC	04-3500365 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines	30b, 32b, and 33, and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items re	ceived, or a combination of both. Also complete
this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
JEHEDOLE M, TAKI I, COLOMI (D).	
REPRESENTS THE NUMBER OF CONTRIBUTIONS	
332142 09-11-23	Schedule M (Form 990) 2023
37	

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

THE FRANCES AND HENRY RIECKEN FOUNDATION

(Form 990) Department of the Treasury

Internal Revenue Service

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



Name of the organization

04-3500365

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

PROSPERTIY THROUGH COMMUNITY LIBRARIES THAT SPARK A SPIRIT OF DISCOVERY

AND FOSTER CITIZEN PARTICIPATION.

INC

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

COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING FOR

FORMAL BOARD MEMBER REVIEW.

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

REGIONAL DIRECTOR BASED IN GUATEMALA AND HONDURAS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

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PAGE
990
FORM

FORM	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	<ul><li>C</li><li>No.</li></ul>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	1 FURNITURE & FITTINGS	VARIOUS	SL	7.00	16	3,542.				3,542.	3,542.		0.	3,542.
(N	2 HARDWARE	VARIOUS	SL	7.00	16	17,375.				17,375.	16,891.		484.	17,375.
6)	3 COMMUNICATION EQUIPMENT	VARIOUS	SL	7.00	16	3,020.				3,020.	2,416.		431.	2,847.
Þ	4 OFFICE EQUIPMENT	VARIOUS	SL	7.00	16	17,433.				17,433.	15,962.		1,471.	17,433.
ы	5 VEHICLES	VARIOUS	SL	5.00	16	15,000.				15,000.	15,000.		0.	15,000.
	* TOTAL 990 PAGE 10 DEPR					56,370.				56,370.	53,811.		2,386.	56,197.
111	00 111 01 02													

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

328111 04-01-23