Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Α	For the 2	2021 calend	dar year, or tax year beginning 01/01	/2021 and	l ending		12/31/20	021					
В	Check if a	pplicable:	C Name of organization POTHAWIRA INTERN	ATIONAL			ı	D Emplo	oyer identification numb	er			
П	Address c	hange	Doing business as						83-2226719				
\exists	Name cha		Number and street (or P.O. box if mail is not deliv	vered to street address)		Room	/suite	E Teleph	none number				
\exists	Initial retur	-	7 N Fair Manor Circle						832-657-7744				
H		n/terminated		or foreign poetal code					002 007 7744				
H			City or town, state or province, country, and ZIP or foreign postal code The Woodlands, TX 77382-1089 G Gross receipts \$ 263										
님	Amended	1											
Ш	Application	n penaing	F Name and address of principal officer: Anne Al				H(a) Is this a grou		= =				
	T	-4-4	7 Fair Manor Circle, The Woodlands, TX 77		🗆 507		. ,		es included? Yes	NO			
<u>. </u>	Tax-exem		<u>✓</u> 501(c)(3) 501(c) () ◀ (insert n	o.) 4947(a)(1) oi	r 527		If "No," attach						
J			othawira.org				H(c) Group exe						
			Corporation Trust Association Other	LY	ear of forn	nation:	2018	M State	of legal domicile: TX				
Р	art I	Summa	-										
	1	=	cribe the organization's mission or most	-									
Activities & Governance		organizatio	on providing support to communities, famili	es and individuals i	in develo	ping	countries wi	th an e	mphasis on				
naı			education and economic sustainability.										
Ve	2 (Check this	box ► ☐ if the organization discontinue	d its operations or	dispose	d of	more than 2	5% of	its net assets.				
ĝ	3 1	Number of	voting members of the governing body (Part VI, line 1a) .				3		4			
∞	4 1	Number of	independent voting members of the gov	erning body (Part \	VI, line 1	b) .		4		4			
ijes	5 T	Total numb	oer of individuals employed in calendar ye	ear 2021 (Part V, Iir	ne 2a)			5		0			
ξĬ	6 T	Total numb	per of volunteers (estimate if necessary)					6		0			
Ac			ated business revenue from Part VIII, col					7a		0			
			ed business taxable income from Form 9		1			7b		0			
				,,			Prior Year		Current Year				
ø)	8 (Contributio	ons and grants (Part VIII, line 1h)					6,185	263,7	 708			
Revenue			<u> </u>	30	0,103	203,1	0						
ě		_	income (Part VIII, column (A), lines 3, 4,					0					
æ			nue (Part VIII, column (A), lines 5, 6d, 8c,	•				0		0			
	1			•				_	0/0	0			
			ue—add lines 8 through 11 (must equal Part IV)			+		6,185	263,7				
			I similar amounts paid (Part IX, column (A				23	2,670	404,5				
	1	-	aid to or for members (Part IX, column (A)		0		0						
Expenses			her compensation, employee benefits (Par		-			0		0			
ens	1		al fundraising fees (Part IX, column (A), lin	•				0		0			
ă			aising expenses (Part IX, column (D), line										
ш	1		enses (Part IX, column (A), lines 11a-11d,	•			1	1,393	6,7	731			
			nses. Add lines 13-17 (must equal Part I)				24	4,063	411,3	309			
	19 F	Revenue le	ess expenses. Subtract line 18 from line 1	2			6	2,122	-147, <i>6</i>	501			
or						Beg	inning of Curre	nt Year	End of Year				
sets alan	20 T	Total asset	s (Part X, line 16)				29	2,637	145,0)36			
Net Assets or Fund Balances	21 T	Total liabili	ties (Part X, line 26)					0		0			
윤	22 N	Net assets	or fund balances. Subtract line 21 from I	ine 20			29	2,637	145,0)36			
P	art II	Signatu	re Block										
Ur	der penalti	es of perjury	, I declare that I have examined this return, including	accompanying schedu	les and st	ateme	nts, and to the	best of i	my knowledge and belief,	it is			
tru	e, correct,	and complete	e. Declaration of preparer (other than officer) is base	d on all information of w	hich prepa	arer ha	s any knowledg	je.					
Si	gn	Signati	ure of officer				Date						
Нє	ere	Chuc	k Wolfe, Treasurer										
			r print name and title										
_		,	preparer's name Preparer's sig	nature		Date	,	Check	if PTIN				
	iid	1						self-emp	_ "				
	eparer		ne >					•	•				
Us	se Only	Firm's nar					Firm's E						
N / ~	v the IDS	Firm's add		2 Soo instructions			Phone i	110.					
ivid	y uie inc	ว นเรเนรริโ	this return with the preparer shown above	e: See matructions					. 🗌 Yes 🔲 N	lo			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Pothawira International is a 501(c)(3) humanitarian organization dedicated to helping individuals in developing countries achieve
	their full potential by providing access to quality healthcare, education and economic opportunity. We support organizations that
	provide comprehensive, accessible and affordable healthcare (with a focus on women and children), education and training to
	break the cycle of poverty, and economic sustainability programs to support communities, families and individuals.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	, and proceedings and programme of the control of t
4a	(Code:) (Expenses \$ 358,379 including grants of \$0) (Revenue \$0
	International Programs - Pothawira International partners with local organizations in developing countries to help empower
	communities, families and individuals by providing access to quality healthcare and education and supporting sustainable
	economic development. Our primary focus is Malawi, Africa working in conjunction with Pothawira (Safe Haven) Christian Mission
	Organisation, a registered Malawi NGO. We supported the operation of an orphan community with 126 children, a medical clinic
	that sees 100-300 patients a day, and a primary school will 300 students. We also supported two individuals from the orphanage
	studying in the United States on F-1 visas. Our funding sources for this work include general donations from the public and grants
	from foundations.
4b	(Code:) (Expenses \$ 46,199 including grants of \$ 0) (Revenue \$ 0)
	We provided educational assistance to two individuals who are from Malawi who are studying in college on F-1 visas.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(
4d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 404,578

Form 990 (202	(1)	
Part IV	Checklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		_
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? <i>If "Yes," complete Schedule C, Part II</i>	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete 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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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	4.41-		
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b	V	
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.	15	<i>'</i>	V
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part l	V 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	_	
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		_
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	04-		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		~
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	051		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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			
20		27		~
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		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
•	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	.,	

orm 99	0 (2021)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		'
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		>
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a V 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Tony Alaniz, (817)793-3190

Part VI

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

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

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

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average				ck more than one person is both an			Reportable	Reportable	Estimated amount
	hours	office	er an			or/trust		compensation	compensation	of other
	per week (list any	Individual trustee or director	ä	Q	<u>چ</u>	g 프	F	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	divid	Institutional trustee	Officer	Key employee	ghe	Former	1099-MISC/	1099-MISC/	organization and
	related	cto	tion	~	l pl	st co	4	1099-NEC)	1099-NEC)	related organizations
	organizations below	rtz	al tr		oyee) mp				
	dotted line)	stee	uste		"	ensa				
			ě			Highest compensated employee				
Anne Alaniz	10.00									
President	0.00	'		~				0	0	0
Tony Alaniz	10.00									
Secretary	0.00	~		~				0	0	0
Chuck Wolfe	5.00									
Treasurer	0.00	~		~				0	0	0
Kay North	1.00									
Vice President		~		~				0	0	0
		-								
		-								
		-								
		-								
		-								
		-								
		-								
	+	-								
	+	-								
				$oxed{oxed}$	$oxed{oxed}$		$oxed{oxed}$			

received more than \$100,000 of compensation from the organization ▶

Dart VIII	Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Pa	art VIII		\square
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0			
	С	Fundraising events 1c	0			
	d	Related organizations 1d	0			
Gir	е	Government grants (contributions) 1e	0			
ns, Sir	f	All other contributions, gifts, grants,				
ıtio er (and similar amounts not included above 1f 263,70	08			
ibu	g	Noncash contributions included in				
uti od (lines 1a-1f 1g \$	0			
S E	h	Total. Add lines 1a–1f	263,708			
•		Business Code				
ice	2a					
Program Service Revenue	b					
gram Ser Revenue	С					
ran {ev	d					
og F	е					
P	f	All other program service revenue				
	g	Total. Add lines 2a–2f	_			
	3	Investment income (including dividends, interest, an other similar amounts)	a			
	4	Income from investment of tax-exempt bond proceeds				
	4 5					
	3	Royalties				
	6a	Gross rents 6a	_			
	b	Less: rental expenses 6b	_			
	C	Rental income or (loss) 6c 0	0			
	d	Net rental income or (loss)	•			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
<u>o</u>	b	Less: cost or other basis				
Revenue		and sales expenses . 7b				
ev	С	Gain or (loss) 7c 0	0			
	d	Net gain or (loss)	•			
Other	8a	Gross income from fundraising				
0		events (not including \$0				
		of contributions reported on line				
		1c). See Part IV, line 18 8a	_			
		Less: direct expenses				
	с 9а	Net income or (loss) from fundraising events Gross income from gaming				
	Ja	activities. See Part IV, line 19 . 9a				
	h	Less: direct expenses 9b				
		Net income or (loss) from gaming activities	•			
		Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	•			
SI		Business Code				
Miscellaneous Revenue	11a					
scellaneo Revenue	b					
cel ev	С					
Mis	d	All other revenue				
		Total. Add lines 11a–11d				
	12	Total revenue. See instructions	263.708	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	эштг	1 (A)).		
Check if Schedule O contains a response or note to any line in this Part IX				 \Box	

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22	46,199	46,199		
3	Grants and other assistance to foreign	40,177	40,177		
J	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	_	358,379	358,379		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	U	U	U	
	persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (nonemployees):				
·· a	Management	0	0	0	
a b	Legal	0	0	0	
	=			_	
C	Accounting	0	0	0	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	
12	Advertising and promotion	0	0		
13	Office expenses	3,361	0	3,361	
14	Information technology	3,370	0	3,370	
15	Royalties	0	0		
16	Occupancy	0	0		
17	Travel	0	0		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	0	0		
20	Interest	0	0		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	0	0		
23	Insurance	0	0		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
Q C					
d	All other evenesses	_	_		
e	All other expenses	0	0		
25	Total functional expenses. Add lines 1 through 24e	411,309	404,578	6,731	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				000

Part X Balance Sheet

	ntains a response or note to any line in this Part X $$.
2 Savings and temporary cash investments	
2 Savings and temporary cash investments	g
3 Pledges and grants receivable, net	
4 Accounts receivable, net	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 7 Notes and loans receivable, net	es from any current or former officer, director, ator or founder, substantial contributor, or 35%
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 0 8	• • • • • • • • • • • • • • • • • • • •
8 Inventories for sale or use	nd persons described in section 4958(c)(3)(B) . 0 6
8 Inventories for sale or use 0 8 9 Prepaid expenses and deferred charges 0 9	, -
4 9 Prepaid expenses and deferred charges	
	erred charges
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	
b Less: accumulated depreciation 10b 0 10c	ation 10b 0 10c
11 Investments—publicly traded securities	ed securities 0 11
12 Investments—other securities. See Part IV, line 11	ies. See Part IV, line 11
13 Investments—program-related. See Part IV, line 11	ated. See Part IV, line 11
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 33)	hrough 15 (must equal line 33)
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	
20 Tax-exempt bond liabilities	0 20
21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	ator or founder, substantial contributor, or 35%
controlled entity or family member of any of these persons	0 ==
20 Cocarda mortigagos ana notos payable to amolatos anna parties	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	federal income tax, payables to related third anot included on lines 17–24). Complete Part X
26 Total liabilities. Add lines 17 through 25	
Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions	estrictions
28 Net assets with donor restrictions	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	
29 Capital stock or trust principal, or current funds	ipal, or current funds
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds	
32 Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·
33 Total liabilities and net assets/fund balances	

Part	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)			263	3,708		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1			-147	7,601		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			292	2,637		
5	Net unrealized gains (losses) on investments				0		
6	Donated services and use of facilities				0		
7	Investment expenses				0		
8	Prior period adjustments				0		
9	Other changes in net assets or fund balances (explain on Schedule O)				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))			145	5,036		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
		_	\rightarrow	Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	on					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~		
	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		~		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited o	n a					
	separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the					
	Single Audit Act and OMB Circular A-133?		3a		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			Ţ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>. </u>	3b	200			

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization POTHAWIRA INTERNATIONAL 83-2226719 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	(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.)								
Secti	on A. Public Support	quanty arran	10010	, р.		,			
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
	on B. Total Support								
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a sectio	n 501(c)(3)		
	organization, check this box and stop he	re					▶ □		
Secti	on C. Computation of Public Suppor	t Percentag	е						
14 15 16a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 331/3% support test—2021. If the organi	nedule A, Part	II, line 14 .			14 15 31/3% or more.	% % check this		
	box and stop here. The organization qual								
b	331/3% support test—2020. If the organization this box and stop here. The organization								
17a	this box and stop here. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo	x and stop he	re. Explain		
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see		

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

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

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

Secti	on A. Public Support			, ,		,	-
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			074.000	20/ 405	0/0.700	044.004
2	Gross receipts from admissions, merchandise	0	0	274,328	306,185	263,708	844,221
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0_
6	Total. Add lines 1 through 5	0	0	274,328	306,185	263,708	844,221
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	27,348	61,847	52,367	141,562
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			·	·	33,331	113,000
_	•	0	0	0	0		0
8 8	Add lines 7a and 7b	0	0	27,348	61,847	52,367	141,562
Sooti	on B. Total Support						702,659
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	274,328	306,185	263,708	844,221
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	3		0	0	203,700	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			0	0		0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			0	0		0
13	Total support. (Add lines 9, 10c, 11, and 12.)					242.722	
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	_			-		
Sacti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		> <u>v</u>
15	Public support percentage for 2021 (line 8			3 column (fl)		15	%
16	Public support percentage from 2020 Sch					16	
	on D. Computation of Investment Inc	come Percer	ntage			, . . ,	70
17	Investment income percentage for 2021 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			•		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39/	
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ▶ 🗌
b	33 ¹ / ₃ % support tests—2020. If the organiz						
	line 18 is not more than 331/3%, check this b	_	=		-	-	
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

CCII	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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).	F		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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

Schedule A (Form 990 or 990-EZ) 2021

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations					
1	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	on 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	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	on C-Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	rting organization				
•	(see instructions).	ally I	integrated Type III Suppo	Tung Organization				

Secti	Current Year									
1										
2	Amounts paid to perform activity that directly furthers exe									
	organizations, in excess of income from activity	2								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2021 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
а	From 2016									
b	From 2017									
С	From 2018									
d	From 2019									
е	From 2020									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2021 distributable amount									
i	Carryover from 2016 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D, line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2021 distributable amount									
С	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j and 4c.									
8	Breakdown of line 7:									
а	Excess from 2017									
b	Excess from 2018									
С	Excess from 2019									
d	Excess from 2020									
е	Excess from 2021									

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number **POTHAWIRA INTERNATIONAL** 83-2226719 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line	14b.			-	
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the grant		selection criteria used to	☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table c	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	0	0	Grantmaking	We provide grants to suppo	358,379
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			358,379

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) Sub-Saharan Africa | We support a Malawi 358.379 Wire transfer 0 (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 Page **4**

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page 5

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - Our grant recipients send quarterly reports around funding, expenses and activities relating to the overall project
and grants.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** POTHAWIRA INTERNATIONAL 83-2226719

Part I	General Information	on Grants and	l Assistance					
th	oes the organization mainta e selection criteria used to escribe in Part IV the organ	award the grants	or assistance?				or the grants or assistand	
Part II	Grants and Other As Part IV, line 21, for an	ssistance to Do y recipient that	mestic Organiz received more th	ations and Don nan \$5,000. Part	nestic Governm Il can be duplica	nents. Complete i ated if additional	f the organization answ space is needed.	vered "Yes" on Form 990
1 (a) Nar	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	nter total number of section on ter total number of other o		•					. >

Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of cash grant (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of (f) Description of noncash assistance recipients noncash assistance 1 See Schedule I, Part IV, Statement 1 2 3 4 5 6

7							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Schedule I, Part I, Line 2 - We pay educational assistance directly to the educational institution on behalf of the individuals we support.							

Schedule I, Part IV, Statement 1

POTHAWIRA INTERNATIONAL

Form: **Schedule I (2021)** EIN: **83-2226719**

Page: **2**

Part III

		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.	
Type of grant Method of valuation	Educational assistance	2	46,199	0	
Desc. of Non-Cash Asst.	We pay tuition and fees directly to educational institutions for two individuals who are in the US on F-1 visas.				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
POTHAWIRA INTERNATIONAL	83-2226719
Form 990, Part VI, Section A, Line 2 - Anne Alaniz and Tony Alanzi are married.	
Form 000 Dort VI. Section A. Line O. Chuck Welfe 4054 Docky Shares Dr. Temps El. 22424 Key North O	721 Support Cirolo I apova VS
Form 990, Part VI, Section A, Line 9 - Chuck Wolfe, 4054 Rocky Shores Dr., Tampa, FL 33634 Kay North, 9	731 Suriset Circle, Leriexa, KS
66220	
Form 990, Part VI, Section B, Line 11b - We submit a draft of the Form 990 for review. Members can provide	le comments prior to the final
draft being approved by the board.	
Form 990, Part VI, Section B, Line 12c - We are a small board with a narrow organizational focus. Board m	embers and officers are asked to
submit a compliance form each year.	
Form 990, Part VI, Section C, Line 19 - We willingly share this information upon request. We supply this in	formation to grant making
	ilomation to grant making
organizations who are considering project proposals or funding requests.	