Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax	year beginning	g	, 2022, and ending				, 20		
В	Check if	applicable:	C Name of organ	C Name of organization WONFEL AID INC					D Employer identification number			
	Address	change	Doing business	Doing business as					82-5235385			
	Name ch	ange	Number and st	street (or P.O. box if mail is not delivered to street address)			Roon	n/suite	E Teleph	one number		
	Initial retu	turn										
\Box	Final retu	rn/terminated	City or town, s	tate or province, o	tal code							
\Box	Amended	d return				G Gross receipts \$1,808,151.						
$\overline{\sqcap}$	Application	on pending	ding F Name and address of principal officer: H(a) Is this a g						s a group return for subordinates? Yes No all subordinates included? Yes No			
_		, ,										
<u> </u>	Tax-exen							1 ' '	' attach a list. See instructions.			
J	Website:	•		· //	H(c) Group			exemption number				
K		14/ 11	Corporation	Trust Associ	ation Other	L Year of for	mation			of legal domicile: Ca	 A	
	art I	Summa				1 = 1 = 1		. 2013		gan aanmana 01		
				nization's miss	sion or most significant	activities: The co-	rnorati	on ic a charital	hla organia	ration with the gener	רבו חווחתפנ	
ø		Briefly describe the organization's mission or most significant activities: The corporation is a charitable organization with the general of benefiting the underprevillaged Amhara community within or outside										
anc			pia.Poverty reduction; access to education & health; protecting socal								 ~~~1	
ž			is box \square if the organization discontinued its operations or disposed of more than 25									
ŏ	1			ng members of the governing body (Part VI, line 1a)					3	1101 433013.	11	
Activities & Governance	1		-	y (Part VI, line			4		11			
	1		•	•	in calendar year 2022 (F	• •	,		5		0	
	1				necessary)				6			
	1								<u> </u>		11	
•	1	, , , , , , , , , , , , , , , , , , , ,							7a 7b		0.	
Expenses Revenue	b	net uniteral	ied business ia	axable income	9 110111 FOITH 990-1, Fait	i, iii e i i	÷	Prior Year		Current Yea		
	8	Contributions and grants (Dort VIII line 1h)										
	1		ons and grants (Part VIII, line 1h)					2,466,	441.	1,808,	151.	
	1	Program service revenue (Part VIII, line 2g)										
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)										
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									0.	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A)						2,466,		1,808,151.		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)							1,569,021.		<u>,790.</u>	
	1	Benefits paid to or for members (Part IX, column (A), line 4)										
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)										
	1	Professional fundraising fees (Part IX, column (A), line 11e)										
	1	Total fundraising expenses (Part IX, column (D), line 25) 25,310. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)										
	1					-			5,910.		42,804.	
	1			•	t equal Part IX, column (A), line 25) .			1,574,931.		2,297,594.		
		Revenue le	ess expenses.	Subtract line	18 from line 12	3 from line 12			891,510.		-489,443.	
Net Assets or Fund Balances							Beg	ginning of Curr	ent Year	End of Year	<u>r </u>	
SSet	20	Total assets (Part X, line 16)										
et P	21											
				ces. Subtract	line 21 from line 20 .							
	art II		re Block									
					return, including accompany n officer) is based on all inforn					ny knowledge and b	eliet, it is	
	.,	, a										
Sign		04/27/2023 Signature of officer Date										
	-	Signature of 6	omcer					Date				
п	ere	Type or	name and title									
		1	name and title		Proparor's signature		Dota	Т		A DTIN		
Pa	nid	Print/Type	preparer's name		Preparer's signature		Date		Check >		0.0	
Prepare							self-employed P00684286			.86		
	se Only	Firm's nan						Firm's	EIN ►			
		Firm's add								[A] 5.5		
IVI2	iv the IR	> discuss 1	ınıs return with	i the preparer	shown above? See ins	ructions	_			X Yes	INC	