9970 -	re		I	RS e-file Signa for a Tax l	ature Au	thorization		ON	/IB No. 1545-0047
Form 8879-7									
		For calendar y	/ear 2022,	or fiscal year beginning			, 20		2022
Department of the Tre				Do not send to the				-	
Internal Revenue Servi Name of filer	ice			io to www.irs.gov/Form8	38/91E for the	latest information.	EIN or SS	N	
		נאוזייים אי	rmv d				61-1		69
				SCHOOL FOR WOI ROBERTA PENTE		• •	01-1	5250	00
Name and title of c	onicer or pe	rson subject to		EXECUTIVE DIR					
Part I 1	vpe of	Return an		Irn Information	BCION				
Form 5330 filers or <b>10a</b> below, ar	may ente nd the amo plicable, bl	r dollars and ount on that I	, cents. F ine for tl	using this Form 8879-TE a for all other forms, enter w he return being filed with t . But, if you entered -0- on	hole dollars on this form was b	ly. If you check the box lank, then leave line <b>1b</b>	on line 1a, 2a , 2b, 3b, 4b, 5i	i, 3a, 4a b, 6b, 7i	, 5a, 6a, 7a, 8a, 9a b, 8b, 9b, or 10b,
		iere	Х	<b>b</b> Total revenue, if any	(Form 990, Par	t VIII. column (A). line 12	2)	1b	399,884.
		ck here		<b>b</b> Total revenue, if any					•
		check here		b Total tax (Form 1120-					
		ck here		b Tax based on investr					
		here		b Balance due (Form 88					
		k here		b Total tax (Form 990-T					
		here		b Total tax (Form 4720,					
8a Form 52	227 check	here		b FMV of assets at end	d of tax year (F	orm 5227, Item D)			
9a Form 53	<b>330</b> check	here		b Tax due (Form 5330,	Part II, line 19)				
10a Form 80				b Amount of credit pay	ment request	ed (Form 8038-CP, Part	III, line 22)	10b	
				re Authorization of I am an officer of the abov		-			
intermediate ser acknowledgeme of any refund. If entry to the finar financial instituti later than 2 busi payment of taxe personal identifie <b>PIN: check one</b> X I autho	vice provid nt of recei applicable noial institution to debi ness days s to receiv cation nun <b>box only</b> prize YO	der, transmitt pt or reason tion account t the entry to prior to the p e confidentia nber (PIN) as	er, or ele for reject the U.S. this acc bayment al inform my sign	Part I above is the amount ectronic return originator ( tion of the transmission, Treasury and its designat ed in the tax preparation s count. To revoke a payme (settlement) date. I also a ation necessary to answer ature for the electronic re <b>ENGTON PLLC</b> <b>ERO firm nat</b> electronically filed return.	(ERO) to send ti (b) the reason to ted Financial Ag software for pay nt, I must conta authorize the fin r inquiries and r turn and, if app	he return to the IRS and or any delay in processi gent to initiate an electro yment of the federal taxe act the U.S. Treasury Fir ancial institutions involv esolve issues related to licable, the consent to e	to receive fror ing the return of ponic funds with ancial Agent a ved in the proc the payment. electronic funds	m the IR pr refund drawal s return s return t 1-888 essing c I have s s withdr PIN Ente do	IS (a) an d, and (c) the date (direct debit) , and the 353-4537 no of the electronic elected a awal. 11207 er five numbers, but not enter all zeros
with a on the	state age return's c officer or j	ncy(ies) regul lisclosure co person subje	lating ch nsent sc ct to tax	arities as part of the IRS F	Fed/State progr	am, I also authorize the PIN as my signature on	aforementione the tax year 2	ed ERO	to enter my PIN ctronically filed
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Туре о	r Name of exempt organization or other filer, see instru-	ctions.		Taxpaye	ridentificatior	number (TIN)
print	NEW OPPORTUNITY SCHOOL FOR	61-1323868				
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEREA, KY 40403						
Enter tl	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applica	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
● If th ● If th box ▶ 1 I t	phone No. ► 859-985-7200 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► ( request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization request a calendar year 2022 or tax year beginning	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole gi ers the extens npt organizatio	sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	<u>3a</u>	\$	0.
b li	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			-
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form <b>990</b>
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### EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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. OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Т

B B B breakting       C Name of organization       D Employer identification number         Image: Section Control       NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.       61-1323868         Image: Section Control       Doing Dusiness as       61-1323868         Image: Section Control       Barback       Room/suite       E Telephone number         Image: Section Control       Doing Dusiness as       61-1323868         Image: Section Control       Barback       Room/suite       B Construction         Image: Section Control       Description       G cross recents       462,105.         Image: Section Control       Description       Description       G cross recents       462,105.         Image: Section Control       Description       Description       Telephone number       Media Section Control       Media Sectin Control       Media Section Control	<u>A r</u>	or th	and and a second a secon	ending		
Instruction       NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.       61-1323868         Image: Arrow Composition       Ching business as       61-1323868         Image: Arrow Composition       Ching business as       Room/suite       E Telephone number         Image: Arrow Composition       Ching business as       Room/suite       E Telephone number         Image: Arrow Composition       Ching business as       Add 2, 105.         Image: Arrow Composition       State of province, country, and ZIP or foreign postal code       G Generemeets       462, 105.         Image: Arrow Composition       Family and arrow Composition       New	B c a	heck if pplicab	c Name of organization		D Employer identifie	ation number
Drong business as         Doing business as         Origin business as         Origin business as           Business as         Doing business as         Room/suite         E         Telephone number           Business as         204 CHESTNUT STREET         Room/suite         E         Telephone number           Business as         Add 2, 105.         BEREA, KY 40403         Add 2, 105.           Business as         FAme and address of principal officer. ROBERTA PENTECOST         H(a) is this a group return           F Name and address of principal officer. ROBERTA PENTECOST         H(a) is this a group return         I'ves         N N           I Taxexempt status:         X bit(b(3)         501(c) (         (insert no.)         4947(a)(1) or         527           J website:         WWW NOSW. ORG         I'ves         N N         H(b) Are at anobasies inclused? Ves         No           H oright describe the organization' mission or most significant activities:         RESIDENTIAL AND ONLINE PROGRAMS         H(b) Are at anobasies of the growing body (Part Vi, line 1a)         4         10           3         Number of independent voting members of the growing body (Part Vi, line 1a)         4         10         4         10           5         T oral number of individuals employed in calendar year 2022 (Part V, line 1a)         5         T         6         <		chang	•   NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.			
Interview       Number and street (of *0. box if mail is not delivered to street address)       Roomsute       859 985-7200         Interview       204 CHESTNUT STREET       (Borssiceape & 462,105.)         Interview       Same and address of principal officer: ROBERTA PENTECOST       (Borssiceape & 462,105.)         Interview       SAME AS C ABOVE       (His) is this a group return for subordinates?       (Yes No         J Website:       WW. NOSW.ORG       (Borstin)       (Borstin)       (Borstin)         J Website:       WW. NOSW.ORG       (Borstin)       (Borstin)       (Borstin)       (Borstin)         J Briefly describe the organization 'S and solution's mission or most significant activities:       RESIDENTIAL AND ONLINE PROGRAMS         PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMENT OB UILDS STABLE AND       2 Check this box       If the organization discontinued to operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       10         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       10         5 Total number of individuals employed in calendar year 2022 (Part VI, line 2a)       6       77         7 a Total unrelated business revenue from Part VIII, column (Q), line 12       78       10       10         9 Program service revenue (Part VIII, column (A), lines 11		Name chang	e Doing business as		61-13238	58
Image: Second		Initial		Room/suite		
Signal       City or town, state or province, country, and ZIP or foreign postal code       G G Gener receipts 5       462,105.         BEREA, KY 40403       High is this a group return for subordinates:       Yes X       No         SAME AS C ABOVE       High is this a group return for subordinates:       Yes X       No         I Tax-exempt status:       X 501(c)(3)       501(c)()       (inset no.)       4947(a)(1) or       Size       High Xe all subordinates included?       Yes No         I Tax-exempt status:       X 501(c)(3)       501(c)()       (inset no.)       4947(a)(1) or       Size       High Xe all subordinates included?       Yes No         Yes (Yes WWN, NOSG       Monitoria       L Year of formation:       1956 M State of legal domicil: KY         Part I       Summary       Corporation       Trust       Association       Other       L Year of formation:       1996 M State of legal domicil: KY         Part I       Summary       Corporation       if the organization or most significant activities:       RESIDENTIAL AND ONLINE PROGRAMS         PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMEN TO BUILD STABLE AND       4       10       4       10         a Number of independent voting members of the governing body (Part VI, line 1a)       4       10       4       10         a Contributions and grants (Part VIII, column (A)		Final				
Attended BEREA, KY 40403       H(a) is this a group return for subordinates?         BEREA, KY 40403       H(a) is this a group return for subordinates?         PName and address of principal officer: ROBERTA PENTECOST SAME AS C ABOVE       H(b) Area itscordinates/ H(b) Area itscordinates/ returns/ H(c) Group exemption number         I Tax exempt status:       X copration       Tust       Association       Other         J website:       WW.NOSV.ORG       H(b) Area itscordinates/ H(c) Group exemption number       H(c) Area itscordinates/ H(c) Group exemption number         Part II       Summary       I briefly describe the organization's mission or most significant activities: PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMEN TO BUILD STABLE AND         2 Check this box       If the organization is operations or disposed of more than 25% of its net assets.         3 Number of indipendent voting members of the governing body (Part V, line 1a)       3         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5         5 Total number of voluntees (estimate if necessary)       6       0         7a Total urrelated business revenue from Part VIII, column (C), line 12       7a       0.         9 Program service revenue (Part VIII, line 1h)       4100, 782.359, 285.       0         9 In threat and similar anounts paid (Part VI, line 14)       16,000.0       0.       0.         10 Investment income (Part VIII, column (A)		termir	-			
SAME AS C ABOVE       for subordinates?       Yes X No         SAME AS C ABOVE         Intervention of subordinates?       Yes X No         SAME AS C ABOVE         J method and address of principal officer: ROBERTA PENTECOST         J website:       WW NOSW.ORG         K form of organization: X Corporation Trust       Association       Other       Lyes X No         Method SW.ORG         Help Address of principal officer: ROBERTA PENTECOST         Mothod Address of principal officer: ROBERTA PENTECOST         J method association: Solution: Method SW.ORG         How of organization: X Corporation Trust       Association: Other       Lyea of formation of the system of the address of principal officer: ROBERTA PENTECOST         How of organization: X Corporation Trust       Association: Method State of legal denicile: XY         Part I Summary       Yes X No         The bill of corporation is mission or most significant activities: RESIDENTIAL AND ONLINE PROGRAMS         PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMEN TO BUILD STABLE AND         Constation of sociation's method organization discoritation of sociation of sociation of sociation of ono		Amen				
SAME AS C ABOVE         I Tax exempt status:       X 501(c)(3)       501(c) (insert no.)       4947(a)(1) or       527         Website:       WWW.NOSW.ORG       H(b) Are all sub-ordinates included?       Yes       No         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1996 M State of legal domicile; KY         Part II       Summary       Summary       I Briefly describe the organization's mission or most significant activities:       RESIDENTIAL AND ONLINE PROGRAMS         PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMEN TO BUILD STABLE AND       2 Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1b)       4       100         4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       7         6       O       0.       10       Brief or to number of wording members of the governing body (Part VI, line 1b)       4       100         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       7       6         6       Total unrelated business revenue (rom Part VIII, column (A), line 12       7       0.       0.       0.         9 </td <td></td> <td>Applic</td> <td></td> <td></td> <td></td> <td></td>		Applic				
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K       Form of organization:       X       Corporation       Trust       Association       Other       L year of formation:       1996       M State of legal domicile:       KY         Part II       Summary       Image: Summary <td></td> <td></td> <td></td> <td></td> <td>1 '</td> <td></td>					1 '	
Part I       Summary         1       Birlefly describe the organization's mission or most significant activities: RESIDENTIAL AND ONLINE PROGRAMS         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       100         4       Number of individuals employed in calendary year 2022 (Part V, line 2a)       5       77         6       00       7a       Total number of volunteers (estimate if necessary)       6       0         7       a total number of volunteers (estimate if necessary)       7       6       0       0         7       a total unrelated business revenue from Part VIII, column (O), line 12       7a       0 <t< td=""><td>_</td><td></td><td></td><td>I Year</td><td></td><td></td></t<>	_			I Year		
1       Briefly describe the organization's mission or most significant activities: RESIDENTIAL AND ONLINE PROGRAMS PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN WOMEN TO BUILD STABLE AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       10         4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       7         6       0       0       6       0         7 a Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       7       6         6       0.       7       a       0.       0         7 a Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6       0       0         6       0.       7       a       0.       0						
PROVIDE       TOOLS       AND       SUPPORT       FOR       APPALACHIAN       WOMEN       TO       BUILD       STABLE       AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       10         4       Number of voting members of the governing body (Part VI, line 1a)       3       10         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       100         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       7         6       Total number of volunteers (estimate if necessary)       6       0.       7         7       Total number of volunteers (estimate if necessary)       6       0.       0.       0.         7       Total number of unrelated business revenue from Part VIII, column (C), line 12       7       7       0. <td></td> <td>1</td> <td>-</td> <td>DENTIA</td> <td>L AND ONLINE</td> <td>PROGRAMS</td>		1	-	DENTIA	L AND ONLINE	PROGRAMS
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Prior         Prior         Current Year           8         Contributions and grants (Part VIII, line 1h)         9         9         Program service revenue (Part VIII, line 2g)         0.         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.         11         0. <td>ce</td> <td>  .</td> <td>PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN</td> <td>WOMEN</td> <td>TO BUILD S</td> <td>TABLE AND</td>	ce	.	PROVIDE TOOLS AND SUPPORT FOR APPALACHIAN	WOMEN	TO BUILD S	TABLE AND
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b Net unrelated business taxable income from Form 990-T, Part I, line 11         Prior         Prior         Current Year           8         Contributions and grants (Part VIII, line 1h)         9         9         Program service revenue (Part VIII, line 2g)         0.         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.         11         0. <td>ĝ</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ĝ					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Image: Translated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         9         9         1410, 782.         359, 285.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         16, 000.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         513, 971.         399, 884.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         5, 600.         5, 850.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         265, 862.         296, 791.           16a         Profer seional fundraising expenses (Part IX, column (D), line 25)         55, 680.         110, 346.         194, 370.           17         Other expenses (Part IX, column (A), line 11-411, 11f-24e)         110, 346.         194, 370.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         381, 808.	<u>م</u>					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Prior         Prior         Current Year           8         Contributions and grants (Part VIII, line 1h)         9         9         Program service revenue (Part VIII, line 2g)         0.         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.         11         0. <td>itie</td> <td></td> <td></td> <td></td> <td></td> <td></td>	itie					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Image: Translated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         9         9         1410, 782.         359, 285.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         16, 000.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         513, 971.         399, 884.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         5, 600.         5, 850.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         265, 862.         296, 791.           16a         Profer seional fundraising expenses (Part IX, column (D), line 25)         55, 680.         110, 346.         194, 370.           17         Other expenses (Part IX, column (A), line 11-411, 11f-24e)         110, 346.         194, 370.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         381, 808.	ž					
Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         410,782.359,285.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         87,189.40,599.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         16,000.0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         16,000.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         5,600.5,850.           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         5,600.0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2655,862.2.         296,791.           16a         Profer expenses (Part IX, column (A), line 11e)         0.0.0.         0.0.           18         Total fundraising expenses (Part IX, column (D), line 25)         55,680.         110,346.194,370.           19         Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         132,16397,127.         381,808.497,011.           19         Revenue less expenses. Subtract line 18 from line 12         132,16397,127.         382,16397,127.           19         Revenue less expenses. Subtract line 18 from line 12         1,855,020.1,560,953.	¥		, , , , , , , , , , , , , , , , , , ,			
8         Contributions and grants (Part VIII, line 1h)         410,782.         359,285.           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         87,189.         40,599.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         16,000.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         5,600.         5,850.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         5,600.         5,850.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a Professional fundraising expenses (Part IX, column (A), line 11e)         0.         0.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         55,680.         110, 346.         194, 370.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         132,163.         -97,127.           19         Revenue less expenses. Subtract line 18 from line 12         132,163.         -97,127.           20         Total assets (Part X, l		~				
9         Program service revenue (Part VIII, line 2g)         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         87, 189.         40, 599.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         166, 000.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         5, 600.         5, 850.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         5, 600.         5, 850.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         5, 600.         5, 850.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         265, 862.         296, 791.           16a         Professional fundraising fees (Part IX, column (D), line 25)         55, 680.         110, 346.         194, 370.           17         Other expenses (Part IX, column (D), line 25)         55, 680.         110, 346.         194, 370.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         381, 808.         497, 011.           19         Revenue less expenses. Subtract line 18 from line 12         132, 163.         -97, 127.           12         Total assets (Part X, line 16)         1, 855, 020.		8	Contributions and grants (Part VIII line 1h)			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       110, 0000.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       513, 971.       399, 884.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       5, 600.       5, 850.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       265, 862.       296, 791.         16a       Professional fundraising fees (Part IX, column (D), line 25)       55, 680.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       55, 680.       0.       0.       0.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       381, 808.       497, 011.       132, 163.       -97, 127.         19       Revenue less expenses. Subtract line 18 from line 12       132, 163.       -97, 127.         12       Total assets (Part X, line 16)       1, 855, 020.       1, 560, 953.         21       Total liabilities (Part X, line 26)       44, 527.       41, 128.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 810, 493.       1, 519, 825.	Jue					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       110, 0000.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       513, 971.       399, 884.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       5, 600.       5, 850.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       265, 862.       296, 791.         16a       Professional fundraising fees (Part IX, column (D), line 25)       55, 680.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       55, 680.       0.       0.       0.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       381, 808.       497, 011.       132, 163.       -97, 127.         19       Revenue less expenses. Subtract line 18 from line 12       132, 163.       -97, 127.         12       Total assets (Part X, line 16)       1, 855, 020.       1, 560, 953.         21       Total liabilities (Part X, line 26)       44, 527.       41, 128.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 810, 493.       1, 519, 825.	svel	-			87,189.	40,599.
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       513,971.399,884.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       5,600.5,850.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       265,862.296,791.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         b       Total fundraising expenses (Part IX, column (D), line 25)       55,680.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       110,346.194,370.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       381,808.497,011.         19       Revenue less expenses. Subtract line 18 from line 12       132,16397,127.         20       Total assets (Part X, line 16)       1,855,020.1,560,953.         21       Total liabilities (Part X, line 26)       444,527.41,128.         22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.1,519,825.         Part II       Signature Block       Signature Block	Å					· · · ·
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)5,600.5,850.14 Benefits paid to or for members (Part IX, column (A), line 4)0.0.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)265,862.296,791.16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.b Total fundraising expenses (Part IX, column (D), line 25)55,680.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)110,346.194,370.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)381,808.497,011.19 Revenue less expenses. Subtract line 18 from line 12132,16397,127.20 Total assets (Part X, line 16)1,855,020.1,560,953.21 Total liabilities (Part X, line 26)44,527.41,128.22 Net assets or fund balances. Subtract line 21 from line 201,810,493.1,519,825.Part IISignature Block						
14 Benefits paid to or for members (Part IX, column (A), line 4)0.0.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)265,862.296,791.16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.b Total fundraising expenses (Part IX, column (D), line 25)55,680.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)110,346.194,370.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)381,808.497,011.19 Revenue less expenses. Subtract line 18 from line 12132,16397,127.20 Total assets (Part X, line 16)1,855,020.1,560,953.21 Total liabilities (Part X, line 26)44,527.41,128.22 Net assets or fund balances. Subtract line 21 from line 201,810,493.1,519,825.Part IISignature Block						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)265,862. 296,791.16a Professional fundraising expenses (Part IX, column (A), line 11e)0.0.0.b Total fundraising expenses (Part IX, column (D), line 25)55,680.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)110,346. 194,370.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)Beginning of Current Year19 Revenue less expenses. Subtract line 18 from line 12Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)1,855,020.1,560,953.244,527.41,128.20 Total assets (Part X, line 26)1,810,493.1,519,825.Part IISignature Block						
16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.b Total fundraising expenses (Part IX, column (D), line 25)55, 680.110, 346.194, 370.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)19 Revenue less expenses. Subtract line 18 from line 1210 Total assets (Part X, line 16)1,855, 020.1,855, 020.1,855, 020.1,855, 020.1,810,493.1,810,493.1,810,493.		40			265,862.	296,791.
17       Othel expenses (i artix, column (x), lines trartid, trizte)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         19       Revenue less expenses. Subtract line 18 from line 12         10       Total assets (Part X, line 16)         20       Total liabilities (Part X, line 26)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Signature Block	sea	16a				
17       Othel expenses (i artix, column (x), lines trartid, trizte)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         19       Revenue less expenses. Subtract line 18 from line 12         10       Total assets (Part X, line 16)         20       Total liabilities (Part X, line 26)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Signature Block	ben	b			-	
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       381,808.       497,011.         19       Revenue less expenses. Subtract line 18 from line 12       132,163.       -97,127.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       1,855,020.       1,560,953.         21       Total liabilities (Part X, line 26)       44,527.       41,128.         22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.       1,519,825.         Part II       Signature Block       Signature Block       1,519,825.	Ă	17	• • • • • • • • • • • • • • • • • • • •		110,346.	194,370.
19       Revenue less expenses. Subtract line 18 from line 12       132,16397,127.         132,163.       -97,127.         Beginning of Current Year       End of Year         1,855,020.       1,560,953.         20       Total liabilities (Part X, line 16)       1,855,020.       1,560,953.         21       Total liabilities (Part X, line 26)       44,527.       41,128.         22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.       1,519,825.         Part II       Signature Block       519,825.						
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)1,855,020.1,560,953.21Total liabilities (Part X, line 26)44,527.41,128.22Net assets or fund balances. Subtract line 21 from line 201,810,493.1,519,825.Part IISignature Block						
20       Total assets (Part X, line 16)       1,855,020.       1,560,953.         21       Total liabilities (Part X, line 26)       44,527.       41,128.         22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.       1,519,825.         Part II Signature Block	n Ses					
22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.       1,519,825.         Part II       Signature Block	ets (	1	Total assets (Part X, line 16)		1,855,020.	1,560,953.
22       Net assets or fund balances. Subtract line 21 from line 20       1,810,493.       1,519,825.         Part II       Signature Block	Ass Bal					
Part II Signature Block	Net	1				
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					, , , , , ,	, , • •
	Und	er pena	- Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, 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				
-	ROBERTA PENTECOST, EXECUT	IVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	GWENDOLYN B. YOUNG, CPA,			self-employed P00011207				
Preparer	Firm's name YOUNG & WADLINGTO	N PLLC		Firm's EIN 46-4187261				
Use Only	Firm's address 444 LEWIS HARGETT	CIRCLE, SUITE 240						
	LEXINGTON, KY 40503 Phone no.859-475-1010							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 61-1323868 Page 2 t III Statement of Program Service Accomplishments
I ai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE EDUCATIONAL, FINANCIAL AND PERSONAL CIRCUMSTANCES OF
	UNDER-RESOURCED APPALACHIAN WOMEN.
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.
2	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$399,498. including grants of \$5,850. ) (Revenue \$)
	IN 2022, THE NOSW ORGANIZATION WORKED TO GET BACK INTO THE PRE-PANDEMIC
	LEVEL OF PROGRAMING THAT WE OFFER TO NEW APPLICANTS WHILE KEEPING OUR
	LEVEL OF ENGAGEMENT WITH GRADUATES, WHICH INCREASED DURING COVID,
	STEADY. SO, WE KEPT OUR MONTHLY GRADUATE MEETINGS IN PLACE AND
	CONDUCTED ELEVEN 90-MINUTE WORKSHOPS ONLINE EACH MONTH WITH AN AVERAGE
	OF 6 IN EACH ONE. IN DECEMBER, WE HELD OUR ANNUAL GRADUATE REUNION
	ONLINE WITH TWELVE GRADUATE ATTENDEES.
	ONDINE WITH INEDVE GRADORIE ATTENDEES.
	FOR NEW PARTICIPANTS, WE OFFERED A NEW WORKSHOP CATERED TO DELIVER TO
	RESIDENTS OF DOMESTIC VIOLENCE CENTERS AND/OR DRUG RECOVERY CENTERS.
	THIS IS A 2-HOUR INTERACTIVE WORKSHOP THAT OFFERED INFORMATION ON HOW
	NOSW CAN BE A PART OF THEIR CONTINUUM OF CARE AND SELF-ESTEEM
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 399, 498.
	Form 990 (2022)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (		OPPORTUNITY	SCHOOL	FOR	WOMEN,	INC.
Part IV	Checklist of Require	d 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	Х	
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		Х
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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		<u>X</u>
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		X
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		X
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		_X_
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		_X_
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			
	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,"			
_	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

Form 990 (2022)		OPPORTUNITY		FOR	WOMEN,	INC.
Part 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	х	
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		х
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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
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		х
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		Х
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? If			
	"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			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		Х
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		<u> </u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Charle if School up O contains a reasonable or note to any line in this Dart V			
	Check it Schedule O contains a response of note to any line in this Part V		Vac	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

npiy (gambling) winnings to prize winners?

1c

Form	990 (2022) NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 61-1323	868	Р	<sub>age</sub> 5	
Par	t 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 2a 7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	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		X	
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		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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		X	
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		X	
	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		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X	
f					
g				<u> </u>	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8			
_	sponsoring organization have excess business holdings at any time during the year?				
	9 Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?				
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 10a	-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104			
h	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				
c	Enter the amount of reserves on hand	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>	
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		x	
	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		x	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069				

Form 990 (2022)
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#### NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.

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

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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

Sec	tion A. Governing Body and Management						
				_	<u>\</u>	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0			
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2			Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			3			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9						Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass						Х
6	Did the organization have members or stockholders?						Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			78	1		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			71	<b>,</b>		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-	88	1	x	
b	Each committee with authority to act on behalf of the governing body?					X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			00001		1	/es	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
			· · ·	10	b		
11a				11	a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	,		12	с	хI	
13	Did the organization have a written whistleblower policy?			13	3	X	
14	Did the organization have a written document retention and destruction policy?				L I	X	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·				
а	The organization's CEO, Executive Director, or top management official			15	a		Х
	Other officers or key employees of the organization			15	b		Х
	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 arrangen	nent w	ith a				
	taxable entity during the year?			16	а		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>KY</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(	3)s onl	y) av	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ancia	al	
	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 boo	oks and	d records				
	ROBERTA PENTECOST - 859-985-7200						
	204 CHESTNUT ST, BEREA, KY 40403						

Form 990 (2022)	NEW OPPORTUNITY	SCHOOL FOR	WOMEN, INC.	61-1323868	Page <b>7</b>
Part VII Compens	sation of Officers, Directors, T	rustees, Key Em	ployees, Highest Co	npensated	
Employee	es, and Independent Contract	ors			
Check if Sch	nedule O contains a response or note to	o any line in this Part V	/II		
Section A. Officers, Di	irectors, Trustees, Key Employees, a	and Highest Compens	sated Employees		
<ul> <li>List all of the organ</li> </ul>	for all persons required to be listed. Rep nization's <b>current</b> officers, directors, tru (E), and (F) if no compensation was pair	ustees (whether individ	, ,	5	
<ul> <li>List all of the organ</li> </ul>	nization's <b>current</b> key employees, if an	y. See the instructions	for definition of "key emplo	oyee."	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	In stitutional trustee	-	Key employee	est col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) ROBERTA PENTECOST	40.00									
EXECUTIVE DIRECTOR				X				59,537.	0.	10,021.
(2) CHRISTIE GREEN	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) SAM COLE	1.00									
SECRETARY		Х		X				0.	0.	0.
(4) LESLIE COMBS	1.00									
TREASURER		Х		X				0.	0.	0.
(5) MARY ABSHER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KAREN HURLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIDGET MCCORMACK-FINLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE SMART	1.00									
DIRECTOR		Х						0.	0.	0.
(9) LATONA GAMBLE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ZINNIA HENSLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ALYS SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
							<u> </u>			
		-								
		-								

								OMEN, INC.	61-132	3868	Pa	.ge <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co		, ,			
(A)	(B)	(B) (C) Average Position						(D)	(E)		(F)	.1
Name and title	hours per		not cł	neck r	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of		
	week					r/trust		from	from related	1	other	,,
	(list any	ector						the	organizations	com	ipensat	ion
	hours for related	In dividual trustee or director	ee			sated		organization	(W-2/1099-MISC/		om the	
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		anizatio d relate	
	below	idual t	Institutional trustee	۲.	Key employee	est cor oyee	er				anizatio	
	line)	ln div	Instit	Officer	Key e	Highest compensated employee	Former					
										+		
										-		
				_								
1b Subtotal								59,537.	0	$\frac{1}{1}$	0,02	21.
c Total from continuation sheets to Part VI								0.	0		0,02	0.
d Total (add lines 1b and 1c)								59,537.	0		0,02	
2 Total number of individuals (including but n								ceived more than \$100	,000 of reportable			
compensation from the organization												0
	-Providence descende										Yes	No
3 Did the organization list any <b>former</b> officer,			•	•			Ŭ	• •	•	3		х
<ul><li>line 1a? If "Yes," complete Schedule J for set</li><li>For any individual listed on line 1a, is the su</li></ul>										5		
and related organizations greater than \$150			-					-	-	4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	berse	on .				5		Х
Section B. Independent Contractors	managet ad ind	000		* ~ ~	tra	otor	. +h	at reactived more than	100 000 of company			
<ol> <li>Complete this table for your five highest con the organization. Report compensation for f</li> </ol>		•							, ,	sation fro	m	
(A)	ine odiendar ye		- Turin	9 11				(B)		((	C)	
Name and business	address	NC	ONE	3				Description of s	services	Compe		I
							_					
							-					
							$\square$					
2 Total number of independent contractors (ir	actuding but pr	nt lin	nited	l to t	thee	ا ا م	- ha	above) who received m	ore than			
\$100.000 of compensation from the organiz	•	. 111			0			above, who received in				

						NI	TY SCHOOL	FOR I	NOMEN	I, INC.	61-1323	868 Page <b>9</b>
Pa	rt V	Ш										
			Check if Schedule O	cont	ains a respo	nse	or note to any line	in this Par (A)	t VIII	(B)	(C)	[] (D)
								رحہ) Total rev	enue	Related or exempt	Unrelated	Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
	4	_	Federated campaigns		1a							
ants	'		Membership dues									
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events									
ifts, r A			Related organizations									
s, G Dila			Government grants (contr				100,000.					
Sil			All other contributions, gifts,									
but			similar amounts not included	l abov	/e <b>1f</b>		259,285.					
d Dtri		g	Noncash contributions included in	lines	1a-1f <b>1g</b> \$		8,957.					
ы Со		h	Total. Add lines 1a-1f					359,	285.			
							Business Code					
ce	2											
ervi		b										
n S /eni		с										
grar Rev		d										
Program Service Revenue		e f	All other program service	rovo	<u></u>							
-		' a	Total. Add lines 2a-2f									
	3	9	Investment income (includ									
	-					,	47,	392.			47,392.	
	4 Income from investment of tax-exempt bond pro											
	5		Royalties	<u></u>								
					(i) Real		(ii) Personal					
	6	а	Gross rents	6a								
		b	Less: rental expenses $\dots$	6b								
			Rental income or (loss)	6c			L					
			Net rental income or (loss	;) <u></u>								
	7	а	Gross amount from sales of	_	(i) Securit		(ii) Other <b>165</b> .					
		<b>I</b> -	assets other than inventory	<i>1</i> a	55,20	5.	105.					
Ð		D	Less: cost or other basis and sales expenses	76	59,62	9.	2,592.					
venue		c	Gain or (loss)		-4,36							
			Net gain or (loss)				· · · · · ·	-6,	793.			-6,793.
Other Re			Gross income from fundraisi									
Ğ			including \$	-								
			contributions reported on									
			Part IV, line 18			8a						
		b	Less: direct expenses			8b						
			Net income or (loss) from				·····					
	9	а	Gross income from gamin			1						
			Part IV, line 19			9a						
			Less: direct expenses Net income or (loss) from			9b						
			Gross sales of inventory,			<u>,</u>						
	10	a	and allowances			10a						
		b	Less: cost of goods sold			10b						
_			Net income or (loss) from									
			, <i>,</i> ,				Business Code					
sno	11	а										
ane		b					L I					
cell		с					<b>└───</b> ↓				ļ	
Miscellaneous Revenue			All other revenue									
			Total. Add lines 11a-11d					200	001			40 500
	12		Total revenue. See instruction	ons				399,	004.	0.	0.	40,599.

NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 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).

3601	Check if Schedule O contains a responsion				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,850.	5,850.		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	59,537.	44,653.	5,358.	9,526.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100.000	100 000	1.6.465	
7	Other salaries and wages	182,936.	137,929.	16,465.	28,542.
8	Pension plan accruals and contributions (include	C 012	F 110	612	1 000
	section 401(k) and 403(b) employer contributions)	6,813.	5,110.	613.	1,090.
9	Other employee benefits	27,266. 20,239.	20,551. 15,240.	2,454. 1,821.	1,090. 4,261. 3,178.
10	Payroll taxes	20,239.	15,240.	1,021.	5,170.
11	Fees for services (nonemployees):				
	Management				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	31,201.	23,401.	4,680.	3,120.
12	Advertising and promotion				•,==••
13	Office expenses	10,033.	7,525.	1,505.	1,003.
14	Information technology		,	,	,
15	Royalties				
16	Occupancy	14,693.	11,020.	2,204.	1,469.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,302.	9,977.	1,995.	1,330.
23	Insurance	9,011.	6,758.	1,352.	901.
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 0.)	49,043.	10 012		
a	SESSIONS, REUNION, MEET ROOM AND BOARD SESSION	24,956.	<u>49,043.</u> 24,956.		
d	PUBLIC RELATIONS	13,428.	13,294.	134.	
c	WOMEN'S HEALTH SERVICES	12,487.	12,487.		
d		16,216.	11,704.	3,252.	1,260.
	All other expenses	497,011.	399,498.	41,833.	55,680.
<u>25</u> 26	Joint costs. Complete this line only if the organization			<u> </u>	33,000.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2022)

NEW OPPORTUNITY	SCHOOL	FOR	WOMEN,	I

NC. 61-1323868 Page 11

		Check if Schedule O contains a response or not	e to any	Ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			174,629.	1	152,881.
	2	Savings and temporary cash investments			•	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			134,977.	4	129,694.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>_</b>			10,296.	9	7,577.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	99,045.			
	b	Less: accumulated depreciation		62,656.	47,769.	10c	36,389.
	11	Investments - publicly traded securities		-	1,483,268.	11	1,234,412.
	12	Investments - other securities. See Part IV, line 1		· · ·	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,081.	15	
	16	Total assets. Add lines 1 through 15 (must equ			1,855,020.	16	1,560,953.
	17	Accounts payable and accrued expenses			44,527.	17	41,128.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			44,527.	26	41,128.
		Organizations that follow FASB ASC 958, che	ck here				
čě		and complete lines 27, 28, 32, and 33.			4 200 000		4 400 005
Ilan	27				1,789,993.	27	1,499,325.
B	28				20,500.	28	20,500.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
.ess	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 010 402	31	
Re	32	Total net assets or fund balances			1,810,493.	32	1,519,825.
	33	Total liabilities and net assets/fund balances			1,855,020.	33	1,560,953.

Form **990** (2022)

Form 990 (		
Part X	Balance	Sheet

Form	1990 (2022) NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.	61-13	23868	Pag	<sub>ge</sub> 12
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	39	9,8	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49	7,0	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	7,1	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,81	0,4	93.
5	Net unrealized gains (losses) on investments	5	-19	3,5	41.
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))	10	1,51	9,8	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	Ο.			
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE A	-							OMB No. 1545-0047
(Form 990)			rity Status an					クロクク
	Comp	-	ization is a section 501 I7(a)(1) nonexempt cha			a section		2022
Department of the Treasury Internal Revenue Service		At	tach to Form 990 or Fo	rm 990-E2	Ζ.			Open to Public Inspection
Name of the organizati		to www.irs.gov/l	Form990 for instruction	s and the	latest info	ormation.	Employer	identification number
name of the organizati		PORTUNITY	Y SCHOOL FOR	WOMEN	I. INC			1-1323868
Part I Reason			All organizations must c					
			For lines 1 through 12, ch					
<u> </u>	-	-	n of churches described	-	-	)(A)(i).		
2 A school des	cribed in <b>section</b>	170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990).)				
3 A hospital or	a cooperative hos	pital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).		
	-	n operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and stat							- 11 - 1 11	
			lege or university owned	or operate	ed by a go	vernmental u	nit describe	a in
	(b)(1)(A)(iv). (Com		ental unit described in s	notion 17	0(h)(1)(A)	<b>5</b> 4)		
		•	ntial part of its support fr				ne general r	ublic described in
	b)(1)(A)(vi). (Comp		that part of its support if	om a gove	innentart		ie general p	
		-	1)(A)(vi). (Complete Part	II.)				
			in section 170(b)(1)(A)(i		ed in conju	nction with a	land-grant	college
or university	or a non-land-gran	t college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of	the college	or
university:								
10 An organizati	on that normally re	eceives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	is, membersh	ip fees, and	d gross receipts from
activities rela	ted to its exempt f	functions, subject	t to certain exceptions; a	nd (2) no r	more than	33 1/3% of it	s support fr	rom gross investment
			(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.
	509(a)(2). (Comple	-						
	-	-	vely to test for public saf	•				
-	-	-	vely for the benefit of, to	-			•	
	•••••		d in section 509(a)(1) o					Sheck the box on
	-		supporting organization upervised, or controlled l	-			-	aivina
			gularly appoint or elect a	• • • •	-			
	n. You must com	-		majority o				pporting
_ ĭ		•	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
			anization vested in the sa					
organizatio	n(s). You must co	mplete Part IV,	Sections A and C.	-				
c 📃 Type III fur	nctionally integrat	ted. A supporting	g organization operated i	n connect	ion with, a	nd functiona	ly integrate	d with,
its support	ed organization(s)	(see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🔄 Type III no	n-functionally int	egrated. A supp	orting organization opera	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)
	, ,	•	ation generally must sati				an attentiv	veness
			plete Part IV, Sections					
	•		vritten determination from			Туре I, Туре	II, Type III	
			nally integrated supportir	ig organiza	ation.			
<ul><li>f Enter the number</li><li>g Provide the follow</li></ul>			d organization(a)					
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount o	fmonetary	(vi) Amount of other
organizatior	ı		(described on lines 1-10 above (see instructions))	in your governir Yes	No	support (see in	nstructions)	support (see instructions)
			above (see instructions))					

Total

# Schedule A (Form 990) 2022 NEW OPPORTUNITY SCHOOL FOR WOMEN INC 61-1323868 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				-						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	200,964.	173,896.	756,715.	331,858.	359,285.	1822718.				
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	200,964.	173,896.	756,715.	331,858.	359,285.	1822718.				
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) 4,130.										
6	6 Public support. Subtract line 5 from line 4. 1818588.										
	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	200,964.	173,896.	756,715.		359,285.	1822718.				
	Gross income from interest,		-	-	-	-					
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	17,986.	14,034.	31,159.	110,193.	47,392.	220,764.				
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	<b>Total support.</b> Add lines 7 through 10						2043482.				
12		etc. (see instructio	ons)			12					
	<b>First 5 years.</b> If the Form 990 is for th	-				01(c)(3)					
	organization, check this box and <b>stop</b>	-		•							
Sec	tion C. Computation of Publi										
	Public support percentage for 2022 (li			olumn (f))		14	88.99 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	89.03 %				
	33 1/3% support test - 2022. If the c					ore, check this bo>	and				
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li								
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts	-									
	meets the facts-and-circumstances te			-	-	3					
b	10% -facts-and-circumstances test	-			-						
-	more, and if the organization meets th	-									
	organization meets the facts-and-circu										
18	<b>Private foundation.</b> If the organizatio										
				, , ,	,						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022		OPPORTUNITY				INC.	61-1323868	Page 3
Part III Support Schedule for	or Orga	nizations Describe	ed in Section	on 509	(a)(2)			

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Amounts included on lines 1, 2, and						
ł	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		I	I	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• 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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th		rot occord their a	fourth or fifth to a			
14	•	0	, , ,		,		
50	check this box and stop here ction C. Computation of Publi	c Support Per					
				(f)		45	0/
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
				no 13 column (f))		17	02
	Investment income percentage for <b>20</b> Investment income percentage from a					18	<u> </u>
	a 33 1/3% support tests - 2022. If the						% 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	<b>33 1/3% support tests - 2021.</b> If the	-					
•-	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 th	his box and see ins	structions	

#### 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.)

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

## Schedule A (Form 990) 2022 NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 61-1323868 Page 5

			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		
b	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			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

			103			
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.					
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,					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations					

			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			
	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		
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		

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

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a 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*.

c 🗌		The organization supported a governmental entity.	Describe in <b>Part VI</b> how y	ou supported a	governmental entity	(see instructions)	1
-----	--	---	----------------------------------	----------------	---------------------	--------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- **3** 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.**
- **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.*

2a

2b

3a

No

Yes

Sche	dule A (Form 990) 2022 NEW OPPORTUNITY SCHOOL			61-1323868 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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-function	ally integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

NEW	OPPORTUNITY	SCHOOL	FOR	WOMEN,	INC.	61-1323868	Page

Sche	Schedule A (Form 990) 2022 NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 61-1323868 Page 7					
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations <sub>(contine</sub>	ued)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	_
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
2	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
<u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
4	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
_	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if					
5						
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

	(Fauna 000) 0000	NEW	וייים מממ	יזאזדייע	gouoot	FOR	MOMEN	TNC	61-1323868	
Part VI	(Form 990) 2022						WOMEN,			
i art ti	Supplemental Inform Part IV, Section A, lines 1,	2.3b.3c	Provide the	explanation 6. 9a. 9b. 9	ons required 9c. 11a. 11b	by Part II, and 11c:	Part IV, Sect	ion B. lines 1	and 2: Part III, line 12;	on C.
	line 1; Part IV, Section D,	lines 2 and	d 3; Part IV, S	Section E,	lines 1c, 2a,	2b, 3a, ar	nd 3b; Part V,	line 1; Part V	, Section B, line 1e; F	Part V,
	Section D, lines 5, 6, and	8; and Pa	rt V, Section	E, lines 2,	5, and 6. Als	so comple	te this part fo	r any additior	al information.	
	(See instructions.)									

Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

Total Excess Contributions to Schedule A, Part II, Line 5 223171 04-01-22

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
NTUIT, INC.	45,000.	4,130
otal Excess Contributions to Schedule A, Part II, Line 5		4,130

2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Hame of the organiza		
	NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.	61-1323868
Organization type (ch	heck one):	
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	
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. 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 in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

**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).

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

(a)

No.

(a)

No.

6

5

lame of c	organization	Em
IEW O	PPORTUNITY SCHOOL FOR WOMEN, INC.	
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1	BEREA COLLEGE APPALACHIAN FUND	
	<u>CPO 2122</u>	\$\$
	BEREA, KY 40404	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2	CHI SAINT JOSEPH HEALTH	
	1451 HARRODSBURG RD D308	\$8,000
	LEXINGTON, KY 40504	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3	KAREN ENSMINGER	
	9723 NOTTINGHAM DR	\$10,000
	<u>OMAHA, NE 68114-3812</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4	THOMPSON CHARITABLE FOUNDATION	
	4800 OLD KINGSTON PIKE SUITE 100	\$10,000

KNOXVILLE, TN 37919

KY 40324

GEORGETOWN,

PO BOX 14037

Employer identification number

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d) Type of contribution

(d)

Type of contribution

X

X

61-1323868

#### (d) Type of contribution ons Person X Payroll 000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution ons X Person Payroll 000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution TOYOTA MOTOR ENGINEERING & MFG X Person Payroll 16,000. 1001 CHERRY BLOSSOM, BOX 2700 Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution WHITAKER FOUNDATION, INC. X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

#### Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMONWEALTH OF KENTUCKY 500 MERO STREET FRANKFORT, KY 40601	\$100,000.	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
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.

Employer identification number

Schedule B (Form 990) (2022)

61-1323868

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number

61-1323868

NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.

Name of organization

Schedule	B (Form 990) (2022)		Page <b>4</b>				
	organization		Employer identification number				
			C1 1000000				
Part III	PPORTUNITY SCHOOL FOR W		61-1323868 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a	a) through (e) and the following line ent	ry. For organizations ess for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additional	space is needed.	ess for the year. (Enter this into: once.) *				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
	Transferee's name, address,	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				
(a) 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						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
		[					

~~~	HEDULE D	Supplement	al Financial Statement	c	OMB No. 1545-0047
(For Depar	2022 Open to Public Inspection				
	ne of the organizati	NEW OPPORTUNITY SC	HOOL FOR WOMEN, INC.		Employer identification number 61-1323868
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lir		or Ac	counts. Complete if the
			(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at e	nd of year			
2	Aggregate value o	f contributions to (during year)		L	
3	Aggregate value o	f grants from (during year)		L	
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advis	sed fund	ls
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used or	nly
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferri	ng
	impermissible priv				
Ра		ation Easements. Complete if the or		Part IV,	line 7.
1		servation easements held by the organizati	( 11 57		
		n of land for public use (for example, recrea	·		prically important land area
		of natural habitat	Preservation of	f a certi	fied historic structure
		n of open space			
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	
	day of the tax yea	r.			Held at the End of the Tax Year

	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation	during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	emen	ts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent an	d
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t desc	ribes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	imila	r Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	nce sł	neet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of p	public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
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 pul	olic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide	)
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		\$

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

No

	dule D (Form 990) 2022 NEW OPPC	DRTUNITY SC					61–13 r <b>Assets</b>			age <b>2</b>
	•							(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signi	ricant l	use of its			
	collection items (check all that apply):		┌──┐.							
a	Public exhibition	d		hange program						
b	Scholarly research	e	Other							
c										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	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?									1
Par	t IV Escrow and Custodial Arrang							Yes		No
I UI	reported an amount on Form 990, Part		te il the organizatio	nanswered res		nn 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		any for contribution	a or other assots n	at inclu	udod				
Id	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟	165		
D			owing table.					Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		]
Par		the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d)	Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance 1,158,638. 1,035,715. 550,208. 572,823.									
	Contributions 524,581.									
	Net investment earnings, gains, and losses 74,856. 206,473. 74,700. 114,840.									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	100,250.	77,000.	109,000		1	33,760.			
f	Administrative expenses	6,889.	6,550.	4,774			3,695.			
g	End of year balance	1,126,355.	1,158,638.	1,035,715		5	50,208.			
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administered for	the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organizat							3b		
4 Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipmed		vment funds.							
T ai	Complete if the organization answered		Part IV line 11a S	ee Form 000 Part	X line	10				
	· · · ·									
	Description of property	(a) Cost or ot basis (investm				imulate ciation		<b>(d)</b> Book	value	,
19	Land	· · · · ·		(						
	Buildings									
	Leasehold improvements									
	Equipment		9	9,045.	6	2,6	56.	36	, 38	39.
	Other					,				
	Add lines 1a through 1e. (Column (d) must ec		(. column (B), line 1	0c.)				36	, 38	39.
-			· · · · · · · · · · · · · · · · · · ·	,		_				

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.	on Form 000 Port IV line :	11b See Form 000 Dert V line 10	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	le e la la complete de la complete			
(3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	L		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>.</sup>	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Calu		25)		
•	<u>mn (b) must equal Form 990, Part X, col. (B) line</u> for uncertain tax positions. In Part XIII. provide	,		nat reports the

NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.

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

61-1323868 Page 3

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 NEW OPPORTUNITY SCHOOL FOR				323868	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	206,	<u>343.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-193,541.			
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	<u> </u>	<u>541.</u>
3	Subtract line <b>2e</b> from line <b>1</b>			3	399,	884.
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 <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	399,	884.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	497,	011.
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			2e		
3						0.
	Subtract line 2e from line 1			3	497,	-
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	497,	-
4 a				3	497,	-
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	497,	-
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c		011.
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			497, 497,	011.

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.

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	l <b>s in the Ŭni</b> on Form 990, Pa	ted States		OMB No. 154	22
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Inspec	
Name of the organization Employer identification Emplo									
									3868
Part I General Information on Grants and Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
	ward the grants or assis							Yes	X No
Part II Grants an	IV the organization's pro d Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient t	hat received more than \$	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.		1	1	
( <i>)</i>	ldress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	

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

3 Enter total number of other organizations listed in the line 1 table ....

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

#### Schedule I (Form 990) 2022 NEW OPPORTUNITY SCHOOL FOR WOMEN, INC.

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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	7	5,850.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page **2** 

Schedule I (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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



61-1323868

INC.

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

NEW OPPORTUNITY SCHOOL FOR WOMEN,

FULFILLING LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACTIVITIES FOCUSED ON VALUES AND SELF-COMPASSION. WE DELIVERED SIX OF

THESE PROGRAMS WITH A TOTAL OF 33 ATTENDEES IN THE ONLINE PROGRAMS.

ADDITIONALLY, WE FACILITATED A CLASS AT THE KY SPIN CONFERENCE WITH 12

ATTENDEES IN APRIL.

THEN WE CONDUCTED FIVE OF OUR NON-RESIDENTIAL PROGRAMS ONLINE WITH 18

WOMEN SERVED IN THESE SUPPORT PROGRAMS. WE ALSO RESUMED OUR TWO-WEEK

RESIDENTIAL PROGRAM WITH LIMITED ATTENDEES TO ENSURE SAFE SOCIAL

DISTANCING IN THE CLASSROOM FOR A TOTAL OF 12 ATTENDEES THAT PRODUCED

11 GRADUATES OF THE EMPOWERMENT PROGRAM.

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

THE FINANCE COMMITTEE REVIEWS THE TAX RETURN AND THEN IS SENT TO THE FULL BOARD FOR REVIEW

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY

POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLCIY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2022 Name of the organization NEW OPPORTUNI	TY SCHOOL	FOR WOMEN	, INC.	Page Employer identification number 61-1323868
REQUESTS CAN BE MADE AT THE	ORGANIZAT	ION'S ADDE	RESS.	