Return of Organization Exempt From Income Tax

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2022 c	alendar year, or ta	ax year beginning	, and	ending				
В	Check if a	pplicable:	C Name of organization	ST CROIX	FOUNDATION F	OR COMMUNITY		D Employe	er identification numb	er
	Address o	change		DEVELOPME	NT					
	Name cha	ange	Doing business as				5		480131	
	Initial retu	ırn	PO BOX 112	P.O. box if mail is not delive	ered to street address)		Room/suite	E Telephon	773-9898	
$\overline{}$	Final retur			province, country, and ZIP or	foreign postal code			340	773 3030	
	terminated	d	CHRISTIANS		VI 00821			G Gross rec	nointe® 1 - 90	6,147
	Amended	return	F Name and address of p		71 00011					
	Applicatio	n pending	Deanna J	ames			H(a) Is this a gro	oup return for	subordinates Yes	X No
			PO Box 1				H(b) Are all sub	ordinates inc	cluded? Yes	No
			Christia		VI 0082	21			. See instructions	
_	Tay-ever	mpt status:	X 501(c)(3)	7 , ,		a)(1) or 527				
÷	Website	•		NDATION.ORG		a)(1) 01 321	H(c) Group exe	mntion numb	ner	
ĸ		organization		Trust Association	Other	1 .	Year of formation: 1		M State of legal dom	icile: VT
	art I		mmary	710000141011	Culoi	-			m otato or logar dom	10110. V
-		Driofly do	acriba the arganizat	tion's mission or mos	t significant activitie	S'				
ø		To f	oster econom	mic and socia	al developme	s. nt of th isla	nd of St.	Croix	₹ and	
anc		thro	ughout the I	U.S Virgin I	slands					
Governance				······································						
Š	2 (heck th	s box if the orga	anization discontinue	d its operations or d	isposed of more than 2	25% of its net a	 eeate		
<u>ග</u> න				of the governing body	•	·		1 _ 1	6	
SS			_	ng members of the go				·· •	6	
Activities						ine 2a)			9	
妄				estimate if necessary	.\				0	
Ĭ				enue from Part VIII, o				··		0
						 I1				0
	D I	vet unite	ateu business taxar	ble income nom Form	1 990-1, Part I, IIIIe		Prior Yea		Current Yea	<u> </u>
a	8 (Contribut	ions and grants (Pa	art VIII. line 1h)			3,741		1,522	
υğ			service revenue (Pa					7,731		,145
Revenue				, column (A), lines 3,	4 and 7d)			2,114		,464
8				umn (A), lines 5, 6d,				2,890		,541
			•	through 11 (must equ			4,094		1,906	
				paid (Part IX, column	(4) !: 4 0)			,404	1,155	
				ers (Part IX, column	(A) line (1)			,,101		0
w				-		lines 5_10)	545	,345	476	,556
xpenses	1625	Daiai ies, Professio	nal fundraising fees	n, employee benefits s (Part IX, column (A) Part IX, column (D), l	(i art ix, coluillii (x)	, iiiles 5–10)	343	,,,,,,		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
oe u	h T	Fotal fun	raicing expenses (I	Part IX column (D)	ine 25\	2 134				0
Ä	17 (Othor ov	onace (Port IV col	umn (A), lines 11a–1	1d 11f 24a)	2,134	1,650	508	2,210	1 2 5
				3–17 (must equal Par			2,852		3,842	
				btract line 18 from lin		: 20)	1,241		-1,936	
2 8	19 1	Tevenue	less expenses. Suc	buacume to nomini	t 12		Beginning of Cur		End of Year	
ets	20 7	Total ass	ets (Part X, line 16)	1			5,135		3,079	
Ass	21 7		ilities (Part X, line 20)C)				2,903		,669
Net Assets or Fund Balances	22 1		•	Subtract line 21 fron			4,393		2,377	
P	art II	99999	nature Block					,		,
				I have examined this re	turn including accome	panying schedules and st	atements and to	the best of	my knowledge and	d belief it is
						information of which prep			,	
Sig	nr	Signature	of officer					Date		
He		Dear	nna James			President	and CEO			
			rint name and title			1100100110	<u> </u>			
			e preparer's name		Preparer's signature		Date	Check	if PTIN	
Pai	d		nie Lane, CPA					/23 self-em	□ "	886
	parer		•	t Smith & (<u>-</u>		' I		52-1094	
	Only	Firm's na		0 Vermont A		920	F	irm's EIN	JZ -1094	1/4/
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N/a-	v the IF	Firm's ad				123 18		hone no.		
ivid	y u ie ir	ง นเรเน	sa una retutti witi) ti)	ie biebaiei silowii at	ove: See msnuchor	ıə			Yes	No

Check if Schedule O contains a response or note to any line in this Part III If Singly describe the organization mission: To foster economic and social development of the islands of St. Croix an throughout the United States Virgin Islands. 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. Did the organization cause condicting, or make significant changes in how it conducts, any program services? If Yes, 'describe these changes on Schedule O. 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. 44 (Cote:)(Expenses 1,73,262 including grants of 165,986) (Revenue s Donor Advised Funds and fiscal sponsorships -Donor Advised funds allows individuals to create a Philanthropic Fund without naming specific charities while allowing them to remain actively involved by recommending rants from funds. Fiscal sponsorships assist smaller nonprofits as we as public and private entities by providing financial administration services and account management. 4b (Code:)(Expenses 1,309,701 including grants of 48,072) (Revenue S Fiduciary-The Foundation acts as fiduciary in connection with various programs and other smaller nonprofit organizations. 4c (Code:)(Expenses 1,309,703 including grants of 941,690) (Revenue S) (R	Part		
To foster economic and social development of the islands of St. Croix an throughout the United States Virgin Islands. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 ero 90 - 27		The state of the s	X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If Yes it is consider the see new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes it 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) 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 \$ 173,262 including grants of \$ 165,986) (Revenue \$ Donor Advised Funds and fiscal sponsorships—Donor Advised funds allows individuals to create a Philanthropic Fund without naming specific charities while allowing them to remain actively involved by recommending grants from funds. Fiscal sponsorships assist smaller nonprofits as we as public and private entities by providing financial administration services and account management. 4b (Code:)(Expenses \$ 1,309,701 including grants of \$ 48,072)(Revenue \$ Fiduciary—The Foundation acts as fiduciary in connection with various programs and other smaller nonprofit organizations.			
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	4d Of	ther program services (Describe on Schedule O.)	

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3 2
4	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,	4		
3	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? <i>If</i>			
	"Yes," complete Schedule D, Part I	6	X	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	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,"	44-	х	
L	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Λ	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4.		v
4-	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	4.5		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10		16		Х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
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? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2022) ST CROIX FOUNDATION FOR COMMUNITY 66-0480131 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes," complete Schedule J 23 **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X If "Yes," complete Schedule L, Part I 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 X 26 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 27 X persons? If "Yes," complete Schedule L, Part III 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

) I	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete sch	leanie	N, Part I	31		Λ	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye	es,"					
	complete Schedule N, Part II			32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under R	Regula	ations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, F	Part II,	III,				
	or IV, and Part V, line 1			34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction wi	th a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, I	line 2		35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chart	itable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related or	ganiz	ation				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule I	R, Pa	rt VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line	es 11	b and				
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X		
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Par	tV.				. Ш	
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	71				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?	<u></u> .	<u></u>	1c			
DAA				For	m 99 0	(202	2)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (con	tinue	ed)		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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched	lule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	ner au	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	icial a	ccount)?	4a		X
b	· · · · · · · · · · · · · · · · · · ·					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia		counts (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 trans-	ısacti	on?	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 di	d the				3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions	s or	Ch		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ao	odo			
а	and services provided to the payor?	ioi go	ous	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was		7.0		
·	required to file Form 8282?	t was		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		. 0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		tract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441				
40-	against amounts due or received from them.)	11b	0440	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	12b	1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	ı		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remove					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ent ir	come?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any a					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

DAA

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.

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

					Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		Х
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ne vea	r by the follow			
а	The governing body?	-	,	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	 t				
	the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	•		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the	Inter	rnal Reven		ode)	
				<u> </u>	Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina	the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9				_
2a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	 Æ rise	to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	10 1100	to commete.			
·	describe on Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13		Х
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			17	42	
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				
2				15a		X
b	Other officers or key employees of the ergenization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		2:
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
va	with a tayable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			IUa		23
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
202	tion C. Disclosure			100		<u> </u>
7	List the states with which a copy of this Form 990 is required to be filed VI					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	T (22)	ction 501/a\			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-ı (sec	2011 20 I(C)			
8						
8	Own website Another's website X Upon request Other (explain on Schedule O)	finta	ot policy:			
	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f intere	est policy,			
8	Own website Another's website X Upon request Other (explain on Schedule O)					

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	offi	x, unle	Pos check ess pe nd a d	rson lirecto	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Mike Dunham	2.00							_	_	_
Vice Chairperson	0.00	X		X				0	0	0
(2) Ronald Belfon,	1.00							_		_
Board Member	0.00	X						0	0	0
(3)Willard John	1.00									
Board Member	0.00	X						0	0	0
(4) Shomari Moorehe										
Treasurer	2.00 0.00	x		х				0	0	0
(5)Miguel Tricoche	2.00									
Secretary	0.00	X		X				0	0	0
(6)Gladys Krigger	Washing 2.00	toı	h.							
Chairperson	0.00	X		X				0	0	0
(7)Deanna James	40.00									
President and CEO	0.00			X				0	0	0
(8)										
(9)										
(10)										
(11)										

	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a c	erson lirecto	than is botl or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated of oth	amoun er	t
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from t ganizati ed orga	on and	
1b c d 2	Subtotal Total from continuation sh Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	eets to Part VII	, Se	ited					pove) who received more	than \$100,000 of				
3 4	Did the organization list any temployee on line 1a? If "Yes For any individual listed on line organization and related organization and related organization."	s," complete Sch ne 1a, is the sui anizations great	nedu m of er th	<i>le J</i> repo an \$	for s ortab 3150	<i>uch</i> ole c ,000	indivomp	vidua ensa "Yes	al ation and other compensa s," complete Schedule J fo	ition from the		3	Yes	X
5 Sec	Did any person listed on line for services rendered to the c tion B. Independent Contract	organization? <i>If</i>								on or individual		5		X
1	Complete this table for your to compensation from the organ	five highest com nization. Report	npen	sate ipen	d ind	depe	ende or the	nt co	lendar year ending with or	within the organization's	tax year.		(C)	
	Name and	(A) d business address							Descrip	(B) otion of services		Со	(C) mpensa	ation
2	Total number of independent received more than \$100,000	t contractors (in	clud on fi	ing b	out n	ot lir orga	nited nizat	to to	those listed above) who	0				

Pa	art V			of Revenue nedule O cor	ntains	a respon	se or no	te to any line in	this Part VIII		
						'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	paign	s	1a						
gra ou	b	Membership du			1b						
ß,(Am	c	Fundraising eve			1c						
ᆵ	d	Related organiz			1d						
ï,	e	Government grants (c			1e	22	3,169				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts r	, gifts, g	rants,	1f		9,828				
텵	g	Noncash contributions			1g	φ					
55	h	lines 1a-1f						1,522,997			
<u> </u>	- "	Total. Add lines	5 1a-	II			siness Code	1,322,331			
συ	22	Dwogwam Bo					siness code	186,064	186,064		
ξ̈	2a b	· · · · · · · T · · · · · · · ·						67,694	67,694		
Ser	0	Other Reve						66,387	66,387		
E S	4							00,307	00,507		
Program Service Revenue	u										
ď	ء ا	All other progra									
								320,145			
		Total. Add lines						320,143			
	3	other similar an	•	-1				2,464	2,464		
	_	Income from inv				d proceeds		2,404	2,303		
	4				•	•					
	5	Royalties		(i) Real		(ii) Pers	88				
	60	Gross rents	60		,541	(11) 1 613	Oriai				
			6a ch	00,	, 541						
	b	Less: rental expenses		60	,541						
	C	Rental inc. or (loss)	6c					60,541	60,541		
	d 7a	Net rental incor Gross amount from	ne or				8	00,541	00,541		
		sales of assets		(i) Securities	5	(ii) Oth	iei				
Ф		other than inventory	7a								
ther Revenue	D	Less: cost or other	76								
eve	_	basis and sales exps.									
Ä		Gain or (loss)	7c								
the	a	Net gain or (los	S)		·····						
Ò	ва	Gross income from		raising events							
		(not including \$									
		of contributions re	•		0-						
		1c). See Part IV, I			8a						
		Less: direct exp			8b	4-					
		Net income or (Gross income f			geven	ıs					
	9a				0-						
		activities. See F			9a						
		Less: direct exp			9b						
		Net income or (Gross sales of i			livilles						
	Iva			•	40-						
		returns and allo			10a						
		Less: cost of go			10b						
<u></u>		Net income or (ioss)	ITOTTI SAIES OF IN	ventory		siness Code				
Miscellaneous Revenue	44-					_	13111699 COUB				
ine Tue	11a	• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·					
ella	b					· · · · · · · · · · · · · · · · · · ·					
Se Sc	C										
Σ	d	All other revenu									
		Total. Add lines						1 006 147	202 1FA	0	0
	12	Total revenue.	See	mstructions				1,906,147	383,150		

Statement of Functional Expenses Part IX

	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	
	and domestic governments. See Part IV, line 21	1,134,868	1,134,868		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,880	20,880		
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25.6	6 446	262 521	
7	Other salaries and wages	376,237	6,446	369,791	
8	Pension plan accruals and contributions (include	6 055		6 055	
_	section 401(k) and 403(b) employer contributions)	6,055		6,055	
9	Other employee benefits	65,575		65,575 28,689	
10	Payroll taxes Fees for services (nonemployees):	28,689		20,009	
11 a	, , , , , ,				
	Accounting	630	630		
	Lobbying	333			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
q					
	(A) amount, list line 11g expenses on Schedule O.)	1,310,140	1,310,140		
12	Advertising and promotion	17,115	16,945	170	
13	Office expenses	25,737	14,860	10,877	
14	Information technology				
15	Royalties				
16	Occupancy	106,821	84,110	22,711	
17	Travel	75,812	72,579	3,233	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,955	7,955		
21	Payments to affiliates	F7 00F	E7 00F		
22	Depreciation, depletion, and amortization	57,925 20,011	57,925 15,029	4 000	
23	Other expanses, Itemize expanses not covered	20,011	15,029	4,982	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
		269,147	269,147		
а		203,206	188,304	12,768	2,134
a b	• • • • • • • • • • • • • • • • • • • •			== ,	-,
_	Other Expenses Supplies		90,638		
b	Other Expenses	90,638 25,048	90,638	25,048	
b c	Other Expenses Supplies Dues and Subscriptions	90,638	90,638	25,048	
b c d	Other Expenses Supplies Dues and Subscriptions All other expenses Total functional expenses. Add lines 1 through 24e	90,638	3,290,456	25,048 549,899	2,134
b c d	Other Expenses Supplies Dues and Subscriptions All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	90,638 25,048			2,134
b c d e 25	Other Expenses Supplies Dues and Subscriptions All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	90,638 25,048			2,134
b c d e 25	Other Expenses Supplies Dues and Subscriptions All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	90,638 25,048			2,134

				(A) Beginning of year		(B) End of year					
1	Cash—non-interest-bearing				1						
2				2,826,850	2	934,303					
3				,	3	•					
4				30,721	4	127,769					
5		ner office	r, director,	,		,					
	trustee, key employee, creator or founder, substantia										
	controlled entity or family member of any of these pe	rsons			5						
6											
ts	under section 4958(f)(1)), and persons described in	section 4	958(c)(3)(B)		6						
Assets o 7					7						
ĕ 8					8						
9					9	63					
10	a Land, buildings, and equipment: cost or other										
	basis. Complete Part VI of Schedule D	10a	2,857,708								
	b Less: accumulated depreciation	10b	912,490	2,095,461	10c	1,945,218					
11	Investments—publicly traded securities				11						
12					12						
13	Investments—program-related. See Part IV, line 11	ments—program-related. See Part IV, line 11									
14			14								
15	Other assets. See Part IV, line 11			182,877	15	72,082					
16		e 33)		5,135,909	16	3,079,435					
17	Accounts payable and accrued expenses	236,622	17	186,275							
18				18							
19		19									
20	Tax-exempt bond liabilities	20									
21	Escrow or custodial account liability. Complete Part		21								
ဖ္တ 22											
≝	trustee, key employee, creator or founder, substantia	ıl contribu	utor, or 35%								
Liabilities	controlled entity or family member of any of these pe	rsons	L		22						
⊐ 23		hird parti	es		23	34,756					
24		d parties		506,281	24	412,254					
25	Other liabilities (including federal income tax, payabl	es to rela	ted third								
	parties, and other liabilities not included on lines 17-	24). Com	plete Part X								
	of Schedule D				25	68,384					
26	9			742,903	26	701,669					
တ္က	Organizations that follow FASB ASC 958, check	nere X									
ဥ	and complete lines 27, 28, 32, and 33.										
펺 27	Net assets without donor restrictions			3,127,552		-583,645					
<u>m</u> 28	Net assets with donor restrictions		<u></u>	1,265,454	28	2,961,411					
ğ	Organizations that do not follow FASB ASC 958,										
Net Assets or Fund Balances 25 26 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29 29 29 29 29 29 29	and complete lines 29 through 33.										
o ပ္ပ					29						
§ 30	Paid-in or capital surplus, or land, building, or equipr	nent fund			30						
% 31	<u> </u>	e, or othe	r funds		31						
호 32				4,393,006	32	2,377,766					
~ ∣33	Total liabilities and net assets/fund balances			5,135,909	33	3,079,435					

Form **990** (2022)

1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,842,48 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,936,34 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -78,89 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Vertaked in the sakest or fund balances (explain on Schedule O) 9 -78,89 11 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Pa	art XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,936,34 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI					X
2 Total expenses (must equal Part IX, column (A), line 25) 2 3,842,48 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,936,34 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,393,00 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -78,89 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,377,76 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 basis. Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an i	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
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Form **990** (2022)