Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2023 calen	dar year, or tax y	ear beginning		, 202	23, and	d endin	g		, 2	20	
В	Check i	if applicable:	С						D	Employ	er identifi	cation number	
	Ac	ddress change	PERFECT EA	RTH PROJE	CT. INC.					32-	02363	49	
	_	ame change	PO BOX 119		01, 11.01				E		ne numbe		
	-	itial return	BRIDGEHAMP		1932					162	1) 00	7-9040	
	-			,						(03.	1) 90	7-9040	
	-	nal return/terminated									A	604	0.60
	An	mended return	_								eceipts \$		068.
	Ap	oplication pending	F Name and addre	ss of principal office	r: EDWINA VO	N GAL			H(a) Is this a gro	•			X No
			SAME AS C	ABOVE					H(b) Are all subo	ordinates ich a list.	included? See instri	uctions. Yes	No
ı	Tax-	exempt status:	X 501(c)(3)	501(c) () (insert no.)	4947(a)(1)	or	527	.,				
J	Wel	bsite: WW	W.PERFECTE	ARTHPROJE	CT.ORG				H(c) Group exen	nption nu	ımber		
K	Form	n of organization:	X Corporation		ciation Other		L Year o	of formati	on: 2007	M s	State of led	al domicile: NY	
	rt I	Summar		7.000	outon outon			01 10111140	2007	1	100	jar admindrer 141	
1 6				ion's mission o	r most significant	activities: Di	ים בים	CT E7	ממ טיים א	TECT	DDOM	OTEC	
	'				APES FOR TH								
9			CCC TYMNI2 Y	IND THINDSCI	HES LOK IU	r urvii	101	_FEOF	<u>, re' Tue i</u>	K PE	712 VI	אַר דעב -	
a		PLANET.											
Governance		<u></u>											
<u></u>	2	Check this bo			continued its oper							ets.	•
					body (Part VI, lin						3		9
တ္သ					he governing body						4		9
Activities &					endar year 2023 (F						5		4
÷			•		ssary)						6		0
Ą					VIII, column (C), I						7a		0.
	b	Net unrelated	d business taxabl	le income from	Form 990-T, Part	: I, line 11					7b		0.
									Prior	Year		Current Ye	ear
4	8 Contributions and grants (Part VIII, line 1h).								. 5	52,8	576	,006.	
Revenue	9	Program serv	vice revenue (Pa	rt VIII, line 2g)						21,8	88.		,070.
Ve.	10	Investment in	ncome (Part VIII,	column (A), lir	nes 3, 4, and 7d).								,865.
æ	11	Other revenu	e (Part VIII, colu	mn (A), lines 5	, 6d, 8c, 9c, 10c,	and 11e)				11,3	52.		,424.
			•		st equal Part VIII,	•				86,1			,365.
					olumn (A), lines 1					11,0			,800.
			·	•	lumn (A), line 4).	-				11,0	33.	4	, 000.
		•		•									
S	15				efits (Part IX, col					77,9	60.	562	<u>,219.</u>
Expenses	16a	Professional	fundraising fees	(Part IX, colum	nn (A), line 11e)								
ē	ь	Total fundrais	sing expenses (F	Part IX. column	(D), line 25)		56-	222.					
ŭ	17				1a-11d, 11f-24e).				2	04,4	62	100	,638.
		•	•	• • •									
	l				Part IX, column					93,4			,657.
		Revenue less	s expenses. Subt	ract line 18 fro	m line 12				. 1	92,6	79.	-129	,292.
ĕ ĕ									Beginning of			End of Ye	
sets alan	20								. 9	43,3	78.	825	,021.
Net Assets	21	Total liabilitie	es (Part X, line 20	6)						6,6	69.	18	,125.
ĕĕ	22	Net assets or	r fund balances.	Subtract line 2	1 from line 20				0	36,7	na		,896.
	rt II	Signatur							·	30, 1	03.	000	, 000.
Unde	er penal [.] plete. De	ties of perjury, I de eclaration of prepa	eclare that I have exan arer (other than officer)	nined this return, inc) is based on all info	cluding accompanying so rmation of which prepa	chedules and sta rer has any knov	atements wledge.	s, and to t	the best of my kn	owledge	and belief	, it is true, correct	, and
				•									
		Signature of	officer						Date				
Sign		Signature of	onicei										
He	re		HI YANO					Ε	XECUTIVE	DIR	l .		
		Type or prin	t name and title										
		Print/Type p	oreparer's name	Prep	arer's signature		Dat	te	Che	eck	if P	TIN	
Pa	id	ROBERT	Г J. STREBE	II. CPA				9/23/		-employe	d b	00435213	
					ס מסי סר			,, 23/	2-3	Jpioy(I	00400210	
	epare e On	d		& OPLINGE	R, CPA, PC					-I- E.V.	11	2002622	
US	e Uil	Firm's addre		OSPECT ST					Firr	n's EIN		2883699	
				MPTON, NY						ne no.	(631)		0
May	y the I	RS discuss th	nis return with the	e preparer show	vn above? See in:	structions						X Yes	No

4с	(Code:) (Expenses	\$	including grants of	\$\$) (Revenue \$	_)
<u> </u>	Other program ser	vices (Describ	ne on Schedule ()				—

\$

) (Revenue \$

including grants of

581,173.

(Expenses

Form 990 (2023) PERFECT EARTH PROJECT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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 Revenue Procedure 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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		Х
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		Х
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? <i>If "Yes," complete Schedule D, Part VI</i>	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		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	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		Х
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		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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	Х	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
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		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

Form 990 (2023) PERFECT EARTH PROJECT, 32-0236349 Page 4 Part IV | 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Χ 22 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..... Χ 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..... Χ 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?......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...... Χ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Χ Χ 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 Χ persons? If "Yes," complete Schedule L, Part III...... 27 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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV..... Χ 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV..... Χ 28b c 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. Χ Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M..... 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Χ 30 contributions? If "Yes," complete Schedule M..... X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ 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 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, Χ 34 and Part V, line 1..... X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ organization? Îf "Yes," complete Schedule R, Part V, line 2..... 36 Χ 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O._____ Χ Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1a 13

0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.... Χ 1c

Form 990 (2023) PERFECT EARTH PROJECT, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4		V	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	•••
	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		
4a	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		Х
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
g	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b		- 21
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ידט		
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2023) PERFECT EARTH PROJECT, INC. 32-0236349 Page 6 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..... Section A. Governing Body and Management Yes No 1a **1a** Enter the number of voting members of the governing body at the end of the tax year..... 9 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... 9 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ 5 Χ Did the organization have members or stockholders?..... 6 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? Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?....... 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?..... 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15a a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..O....... Χ **b** Other officers or key employees of the organization..... Χ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records. TAMARA ALDRICH LE GUEN 269 BUTTER LANE BRIDGEHAMPTON NY 11932 631-725-8088 RΔΔ Form 990 (2023) TEEA0106L 08/23/23

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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 relate	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	box,	unle	heck ss pe id a d	rson lirecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from
		or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
(1) SATOSHI YANO	40_									
EXECUTIVE DIR.	0			Х				140,449.	0.	12,510.
(2) WHITNEY BEAMAN	40_									
DIRECTOR OF OPERATIONS	0				X			139,924.	0.	12,667.
(3) MATTHEW JEFFERY	_ 40 _									
EXECUTIVE DIRECTOR	0						Х	138,762.	0.	4,107.
_(4) EDWINA VON GAL	2									
PRESIDENT	0	Х		Х				0.	0.	0.
_(5)_LISA_PHILLIPS	2									
TREASURER	0	Х		Х				0.	0.	0.
_(6) DAVID MAUPIN	2									
CHAIRMAN	0	Х		Х				0.	0.	0.
_(7)_BRIAN_SAWYER	1									
DIRECTOR	0	Х						0.	0.	0.
(8) GRACE FULLER MARROQUIN	1									
DIRECTOR	0	Х						0.	0.	0.
(9) ANNE TEMPLETON	2									
SECRETARY	0	Х		Х				0.	0.	0.
(10) TONY PIAZZA	1									
DIRECTOR	0	X						0.	0.	0.
(11) SORAT TUNGKASIRI	1									
DIRECTOR	0	Х						0.	0.	0.
(12)		-								
(13)										
<u>(14)</u>		-								

BAA TEEA0107L 08/23/23 Form **990** (2023)

(A)			((C)			(D)	(E)	loyees	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Inless person is both an rand a director/trustee) compensation from the organization related organization				Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	of comper the or and	ted amount f other isation from ganization related nizations	
<u>(15)</u>											
<u>(16)</u>											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)	D										
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal									0.		29,284.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)									0.		0. 29,284.
2 Total number of individuals (including but not limited from the organization 3											
											Yes No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc										. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	er than \$1	50,00	00?	lf "۱	Yes,	" con	nple	ete Schedule J for		4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper s," comple	satio	n fro	om a dule	any J fo	unrel or suc	late	ed organization or person	individual	. 5	X
Section B. Independent Contractors										•	•
1 Complete this table for your five highest compen compensation from the organization. Report compen	sation for	the ca	alent	cor dar y	ntrac	endir	tna ng v	vith or within the or	ganization's tax year		
(A) Name and business add	ress							Description (of services	Comper	s) nsation
2 Total number of independent contractors (including the \$100,000 of compensation from the organization	out not lim	ited to	tho:	se I	istec	d abov	ve)	who received more	than		
	U										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) Related or Unrelated Revenue exempt business excluded from tax under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns 1a **b** Membership dues..... 1b c Fundraising events..... 1с 42,204 Gifts, 1d d Related organizations e Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 533,802. q Noncash contributions included in 11,350 h Total. Add lines 1a-1f 576,006 **Business Code** Program Service Revenue 2a <u>SEMINAR/CONSULTING_REVENU</u> 541900 16,070. 16,070. f All other program service revenue. . . g Total. Add lines 2a-2f 16,070 Investment income (including dividends, interest, and other similar amounts) 6,865. 6,865 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c (i) Securities (ii) Other 7a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ 42,204. of contributions reported on line 1c). 8a 70,753. <u>49,9</u>92 **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events..... 20,761 9a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 110a 14,354 **b** Less: cost of goods sold.... 10b 5,711 c Net income or (loss) from sales of inventory..... 8,643 8,643 Business Code Miscellaneous Revenue c d VENDOR CREDIT 20 20 **d** All other revenue..... 20 628,365 24,733 0. 6,865

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).

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re	,		, ,	X
	not include amounts reported on lines 7b, 8b, 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		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,800.	4,800.		
4 5	Benefits paid to or for members	305,550.	244,440.	30,555.	30,555.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		176,072.	140,858.	17,607.	17,607.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,072.	110,000.	17,007.	17,007.
9	Other employee benefits	41,659.	33,327.	4,166.	4,166.
10	Payroll taxes	38,938.	31,150.	3,894.	3,894.
11	Fees for services (nonemployees):				
	Management				
	Legal	150.		150.	_
	Accounting	650.		650.	
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH.		71,576.	56,073.	
	Advertising and promotion.	7,456.	7,456.		
13	Office expenses	4 1 5 4	4 1 5 4		
14 15	Information technology	4,154.	4,154.		
16	Occupancy				
17	Travel	16,182.	16,182.		
18	-	10,102.	10,102.		
19	Conferences, conventions, and meetings	363.	363.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	857.		857.	
23		6,729.	5,629.	1,100.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	COMMUNITY OUTREACH	9,257.	9,257.		
	PRINTING AND PUBLICATIONS	7,290.	7,290.		
C	MEALS	5,160.		5,160.	
C	DUES	2,364.	2,364.		
	e All other expenses	2,377.	2,327.	50.	
25	Total functional expenses. Add lines 1 through 24e	757,657.	581,173.	120,262.	56,222.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
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Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			917,295.	1	805,595.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	8,288.	4	389.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	r, director, itor, or 35%		5		
	6	Loans and other receivables from other disqualified p	-		,		
	6	section 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable. net.		· · · ·		7	
Ø	8	Inventories for sale or use		_	17 010		12 (02
ě	9	Prepaid expenses and deferred charges		<u> </u>	17,010.	8	13,682.
Assets			1 1			9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		176,993.			
	b	Less: accumulated depreciation	-	171,638.	785.	10c	5,355.
	11	Investments — publicly traded securities		-		11	
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments — program-related. See Part IV, line 11.			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		943,378.	16	825,021.
	17	Accounts payable and accrued expenses		4,867.	17	18,125.	
	18	Grants payable		_		18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 5%		22	
J	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		1,802.	25	
	26	Total liabilities. Add lines 17 through 25			6,669.	26	18,125.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			10,120
aŭ	27	Net assets without donor restrictions			936,709.	27	758,583.
<u>%</u>	28	Net assets with donor restrictions		-	930, 109.	28	
펕	20	Organizations that do not follow FASB ASC 958, che				20	48,313.
r Fund Balanc		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds				29	
et.	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the		_		30	
458	31	Retained earnings, endowment, accumulated income		-		31	
et)	32	Total net assets or fund balances		<u> </u>	936,709.	32	806,896.
	33	Total liabilities and net assets/fund balances			943,378.	33	825,021.
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Par	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		6	28,3	365.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			57,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	29,2	292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		9	36,7	709.
5	Net unrealized gains (losses) on investments.	. 5			•	
6	Donated services and use of facilities	. 6				
7	Investment expenses					
8	Prior period adjustments	8			-5	521.
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		8	06,8	396.
Par	rt XII Financial Statements and Reporting				00,0	,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII					
	Chook in Contouring a response of note to any line in this reaction				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				103	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or revi separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	ewed o	n a			
b	• Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep 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 aureview, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Guidance, 2 C.F.R. Part 200, Subpart F?	he Unif	orm 	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
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