# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

(0)

22

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

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

								<u> </u>
A	For the	e 2022 calen	dar year, or tax year beginning Jan. 1 , 2022, and	ending	Dec.	31	, <b>20</b> 22	
в	Check if	f applicable:	C Name of organization Mother To Mother			D Emplo	oyer identification nu	ımber
	Address	s change	Doing business as				20-1028812	
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Roon	n/suite	E Teleph	one number	
	Initial re	turn	11 Warwick Lane			6155407000		
	Final ret	urn/terminated						
	Amende	ed return		<b>G</b> Gross	receipts \$	355922		
	Applicat	tion pending	F Name and address of principal officer:		H(a) Is this a gro	up return fo	r subordinates? 🗌 Yes	✓ No
			Janie Busbee 11 Warwick Lane. Nashville, TN. 37205		H(b) Are all su	bordinate	es included? 🗌 Yes	No No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," a	ttach a lis	st. See instructions.	
J	Website	e: Www.mot	hertomother.org		H(c) Group ex	emption	number	
1		organization: 🗸	Corporation Trust Association Other L Year C	of formation	: 2004	M State	of legal domicile:	TN
Ρ	art I	Summa	,					
	1	Briefly des	cribe the organization's mission or most significant activities: $\_$					
ce		MTM provid	es health and wellness items to low income children in TN.					
Activities & Governance								
veri	2	Check this	box $\square$ if the organization discontinued its operations or dispo	sed of m	ore than 25	% of its	s net assets.	
ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)			3		15
ŏ	4	Number of	independent voting members of the governing body (Part VI, li	ne 1b)		4		15
tie	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2	a)		5		3
tivi	6	Total numb	per of volunteers (estimate if necessary)			6		1430
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a		C
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11 .			7b		C
					Prior Year		Current Year	
Ð	8	Contributio	ons and grants (Part VIII, line 1h)		44	436479	:	355922
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)			0		0
eve	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)			0		0
Π.	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			0		0
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)	44	436479	:	355922
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)		3	589673		121987
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0		0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-	-10)		175501		132737
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0		0
gqx	b	Total fundr	aising expenses (Part IX, column (D), line 25)					
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			198540		132926
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		39	963714	:	387650
	19	Revenue le	ess expenses. Subtract line 18 from line 12		4	472765		-31728
Net Assets or Fund Balances				Beg	inning of Curre	ent Year	End of Year	
sets	20	Total asset	ts (Part X, line 16)		1	535164	1:	541647
t As Id Bå	21	Total liabili	ties (Part X, line 26)			20468		38211
		Net assets	or fund balances. Subtract line 21 from line 20		1	514696	1	503436
	- ut 11	0.1						

Part II Signature Block

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Date					
	Type or print name and title							
Paid	Print/Type preparer's name		Check if PTIN self-employed					
Preparer Use Only	Firm's name	Firm'	Firm's EIN					
036 0113	Firm's address	Phon	Phone no.					
May the IR	S discuss this return with the prep	parer shown above? See instruction	ons			Yes	No	
						- (	000	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part		
1	Briefly describe the organization's mission: MTM provides vital health and wellness items for children in low income families in TN.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses       325307	

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Part	V Checklist of Required Schedules			
	In the experimentian described in section $CO(1/2)(2)$ or $4O(7/2)(4)$ (other than a private formulation) $O$ if ()/as "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		✓ ✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\checkmark$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\checkmark$
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.4		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		✓ ✓
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> .	15 16		✓ ✓
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<ul> <li>▼</li> <li>√</li> </ul>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	17		<ul> <li>▼</li> <li>√</li> </ul>
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	10		<ul> <li>▼</li> <li>✓</li> </ul>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>▼</b>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		1

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Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		 ✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		✓ ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√ √
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		✓ ✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33		▼ ✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		✓
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			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1	1c	Yes	No

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	$\checkmark$	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		$\checkmark$
b	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		$\checkmark$
b	If "Yes," enter the name of the foreign country			
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		$\checkmark$
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		v
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- u		•
	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		$\checkmark$
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		$\checkmark$
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\checkmark$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		$\checkmark$
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		✓ ✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		v
•	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	-		v
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			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		v
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		$\checkmark$
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		
		15		$\checkmark$
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
10	If "Yes," complete Form 4720, Schedule O.	10		v
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		1
	If "Yes," complete Form 6069.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	. See ir	nstruc	tions.					
Secti	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5							
	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 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 1 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?	5 2		√					
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?			<ul> <li>✓</li> </ul>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\checkmark$					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\checkmark$					
6	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?	7a		$\checkmark$					
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		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а									
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		~					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	)					
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		$\checkmark$					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		$\checkmark$					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c		1					
13	Did the organization have a written whistleblower policy?	13	✓						
14	Did the organization have a written document retention and destruction policy?	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?								
а	The organization's CEO, Executive Director, or top management official	15a		$\checkmark$					
b	Other officers or key employees of the organization	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 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?	16b							

#### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed 17 ΤN
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website ✓ Another's website ✓ Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Janie Busbee 11 Warwick Lane Nashville, TN 37205

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

					C)					
(A)	(B)	Position (do not check more				a than c	ne	(D)	(E)	(F)
Name and title	Average	box,	box, unless person is both an					Reportable	Reportable	Estimated amount
	hours per week		officer and a director/trustee)					compensation from the	compensation from related	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) Rosemary VerHulst	2									
				1						
(2) Adele Holloway	2									
				$\checkmark$						
(3) Coneale Bethurum	2	-		1						
(4) Brande Thomas	2			1						
(5) Hugh Howser	1			✓						
(6) Judith McCoy	2			• ✓						
(7) Margaret Moore	2			<ul> <li>✓</li> </ul>						
(8) Zee Pendleton	2			1						
(9) Angela Rice	2									
(10) Ali Ryan	2			✓ ✓						
(11) Clare Lundy	2			✓ ✓						
(12) Parker Bohn	2			✓ ✓						
(13) Kirbee Miller	2			✓ ✓						
(14)				✓						

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Emp	olo	yee	s, an	d⊦	lighest Compe	nsated	Emplo	yees (	contir	nued)
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/trus			is both	an	<b>(D)</b> Reportable compensation from the	(E) Report compen from re	table sation	о	<b>(F)</b> Ited am f other pensati		
		(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)	organizatic 1099-N 1099-I	ons (W-2/ /ISC/	fr	om the ization	and
(15)			-											
(16)			-											
(17)			-											
(18)			-											
(19)			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b c d	Subtotal			· ·		 								
2	Total number of individuals (including but reportable compensation from the organ	t not limited	d to th	iose	e list	ted a	above	e) w	ho received mor 0	e than \$1	00,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> of the second se								loyee, or highes				Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal	ble (	con 000	nper )? <i>l</i> i	nsatio	n a s,"	nd other competed complete Schee	nsation fr	rom the			✓ ✓
5	Did any person listed on line 1a receive of for services rendered to the organization											-		✓
	on B. Independent Contractors								-					
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	Iress							<b>(B)</b> Description of serv	vices	(	<b>(C)</b> Compens	ation	

2	Total number	r of independent	contractors	(including	but no	t limited	to	those	listed	above)	who
	received more than \$100,000 of compensation from the organization										

### Part VIII Statement of Revenue

Part		Statement of Revenue Check if Schedule O contains a res	oonse or note to ar	ov line in this Pa	art VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	1 9	1a	_			
	b	· · -	1b	-			
	c		1c	-			
	d e		1d 1e	-			
	f	All other contributions, gifts, grants,		-			
			1f 355922				
	g	Noncash contributions included in					
			1g \$				
<u>a</u> O	h	Total. Add lines 1a-1f		355922			
ġ	20		Business Code				
Program Service Revenue	2a b						
	c						
	d						
	е						
	f	All other program service revenue .					
	9 3	Total. Add lines 2a–2f					
	5	other similar amounts)					
	4	Income from investment of tax-exemp					
	5	Royalties					
		(i) Real	(ii) Personal	-			
	6a	Gross rents 6a		-			
	b	Less: rental expenses 6b		-			
	c d	Rental income or (loss)       6c         Net rental income or (loss)					
	7a	Gross amount from (i) Securities					
		sales of assets		-			
		other than inventory 7a		_			
anı	b	Less: cost or other basis					
evenue		and sales expenses . 7b Gain or (loss) 7c		-			
	d	Net gain or (loss)					
Other R	-	Gross income from fundraising					
Ð		events (not including \$					
		of contributions reported on line					
			8a	-			
	b C	Less: direct expenses	8b events				
	9a	Gross income from gaming					
			9a				
	b		9b				
	C	Net income or (loss) from gaming acti	vities				
	10a		0a				
	b		0b				
	c	Net income or (loss) from sales of inve					
eous			Business Code				
	11a						
lan	b						ļ
Miscellaneous Revenue	C						
	d e	All other revenue					
	12		· · · · · · ·	355922			

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		CAPENSES	general expenses	expenses
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	121987	121987		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	123342	104841	12334	6167
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ .				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes	9395	7986	939	470
a	Management				
b					
С	Accounting	26878		26878	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(A), amount, list line 11g expenses on Schedule O.)	10000	10000		
12	Advertising and promotion	13171	13171		
13	Office expenses	9195	1613	7583	
14	Information technology	1787	1787		
15	Royalties				
16	Occupancy	53155	45182	5316	2657
17 18	Travel	1603	1603		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4826	4826		
23 24	Insurance	12311	12311		
24	above. (List miscellaneous expenses not covered ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
с					
d					
е	All other expenses				
25 26	<b>Total functional expenses.</b> Add lines 1 through 24e <b>Joint costs.</b> Complete this line only if the	387650	325307	53050	9294
	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)				

Form 990 (2022)

	n 990 (20	,			Page <b>11</b>
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing	134765	1	69121
	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
Assets		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1357451	8	1413936
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 54754			
	b	Less: accumulated depreciation <b>10b</b> 19364	40216	10c	35390
	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	2732	-	2732
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1535164		1521179
	17	Accounts payable and accrued expenses	20468		38211
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20468	26	38211
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here			
	07	and complete lines 27, 28, 32, and 33.	4544000	07	1 100000
	27	Net assets without donor restrictions	1514696		1482968
l pu	28	Net assets with donor restrictions		28	
Fur		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ŝts	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds .		31	
ťΑ	32	Total net assets or fund balances	1514696	-	1482968
Ne	33	Total liabilities and net assets/fund balances	1535164		1521179

Form **990** (2022)

	20 (2022) XI Reconciliation of Net Assets				ge <b>12</b>
Pari	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	<u>· · ·</u>		55922
-	Total expenses (must equal Part IX, column (A), line 25)	2			87650
2 3	Revenue less expenses. Subtract line 2 from line 1	3			31728
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			14696
4 5	Net unrealized gains (losses) on investments	5		15	14090
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3			
	32, column (B))	10		14:	82968
Part	XII Financial Statements and Reporting	10		140	02000
	Check if Schedule O contains a response or note to any line in this Part XII				
					No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🗌 Accrual 🗌 Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\checkmark$
	If "Yes," check a box below to indicate whether the financial statements for the year were con		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		$\checkmark$
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?.	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo		e		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		$\checkmark$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unc	lergo th	e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		

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