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)

Do not enter social security numbers on this form as it may be made public.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A			5/30/2023		land identification number
В	Check if	applicable: C Name of organization Alamance Community College	Foundat:		oyer identification number
	Address	change Doing business as			511004
	Name c	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		phone number
\Box	Initial re	turn PO Box 8000		(336)506-4416
$\overline{\Box}$	Final retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
Ħ.	Amende	ed return Graham, NC 27253			s receipts \$ 2,260,784.
Ħ	Application	pending F Name and address of principal officer: Charles R. Harris			return for subordinates? Yes X No
	1500	PO Box 8000 Graham, NC 27253		H(b) Are all subc	ordinates included? Yes No
1 T	ax-exem	pt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," atta	ch a list. See instructions
-	Vebsite:			H(c) Group exem	ption number
K F	orm of o		of formation: 19	982 M	State of legal domicile: NC
P	art I	Summary			
-	1 0	triefly describe the organization's mission or most significant activities:			
Ф	F	Exists to aid students with a demonstrated	financi	ial nee	d in reaching
Activities & Governance	=	their educational goals and to support the	ACC mis	ssion.	
E.	2 0	Check this box if the organization discontinued its operations or disposed of more the	nan 25% of its ne	t assets.	
8	3 N	lumber of voting members of the governing body (Part VI, line 1a)	* * * * * * * * *	3	32
8	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	32
es	5 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
viti	6 T	otal number of volunteers (estimate if necessary)	E E ESPESSOR IN M	6	50
\cti	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	2 V 2000 X 3 X X	7a	0.
1	h N	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
		of official section of the section o	Prior \		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	1,54	13,851.	1,757,055.
e	9 P	Program service revenue (Part VIII, line 2g)			
enc		envestment income (Part VIII, column (A), lines 3, 4, and 7d)	52	25,917.	518,855.
Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,663.	-15,126.
u.		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,07	74,431.	2,260,784.
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,15	6,882.	3,460,469.
		senefits paid to or for members (Part IX, column (A), line 4)			
		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Ses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25) 20,929.			
Ξxp	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5	6,777.	61,858.
ш		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,21	3,659.	3,522,327.
		Revenue less expenses. Subtract line 18 from line 12	86	50,772.	-1,261,543.
			Beginning of C	Current Year	End of Year
Assets or d Balances	20 T	otal assets (Part X, line 16)	17,92	21,377.	17,681,522.
Asse Bal		otal liabilities (Part X, line 26)	19	6,903.	240,397.
Net A Fund		let assets or fund balances. Subtract line 21 from line 20	17,72	4,474.	17,441,125.
P	art II	Signature Block	***************************************		
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and t	to the best of m	y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any k	nowledge.	
		Marks Harry		5/	7/8024
Si	gn Sig	nature of officer / [Date /	
		narles Harris, Treasurer			
		pe or print name and title			ED TOTIN
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	
	epare	r			mployed
	e Onl			Firm's EIN	
-		Firm's address		Phone no.	
May	the IRS	discuss this return with the preparer shown above? See instructions			Yes No

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-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		10000	
	complete Schedule A	1	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		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	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	25.		
	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	Х	ALC: N
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.			37
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	_	X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	2722		**
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			w
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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	420	х	
	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	425	х	
	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 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	_	A
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	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		46
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	20a		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	- / -		
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	
	domestic government on Part IX, column (X), line 17 ii 163, complete domestic i, rond rand ii	-	000	

LICE	BDD CHOCKING, CT. HOQUING		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1000	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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	1000		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	051		х
	If "Yes," complete Schedule L, Part 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%	200		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	27		x
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	DIOSE	AL SECTION
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):	10404-201	Mark and	1000000000
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		х
	If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	28c		X
	If "Yes," complete Schedule L, Part IV	29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete screenic in the state of the st			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations: " " " " " " " " " " " " " " " " " " "			
32		32		X
	Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
•	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34	X	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	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 organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	192 Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
20 3440	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling)	6(1925	MANN!	Maria
	winnings to prize winners?	1c	990	(2022)
		Forn	1000	(ZUZZ)

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If "Yes," complete Form 6069.

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

Sect	ion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	2		
	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	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		# (ES	
-	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		X
4	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
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7 a	one or more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
	the year by the following:	8a	x	
а	The governing body?	8b	х	
b	Each committee with authority to act on behalf of the governing body?			
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? If "Yes," provide the names and addresses on Schedule O	9		x
	the organization's mailing address? If "Yes," provide the names and addresses on schedule of the Internal Revenue Code)			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	CONTRACTOR OF THE	10a	100	X
10 a	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	х	<u> </u>
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	110	BUILDE BUILD	10000
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	SERVICE STATE
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420	₩.	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?.	14		and to be
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?	45-	77	
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	10000
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Politi	40034	17
	with a taxable entity during the year?	16a	19005-0	Х
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint			17710
	venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with	NO THE	SHIP	190113
	respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	12 53		
18	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 Own website Another's website X Upon request 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.	<u></u>	, <u>a</u> a	
20	State the name, address, and telephone number of the person who possesses the organization's books and records (336)	506	-44	16
	Marris C. Phodo PO Boy 8000 Graham NC 27253			

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

See instructions for the order in which to list the Check this box if neither the organization	nor any rela	ted or	gar	niza	tion	com	pen	sated any curre	nt officer, directo	r, or trustee.	
Officery time box in material time enganites	1			(0	2)						
(A)	(B)			Pos	ition			(D)	(E)	(F)	
Name and title	Average	(do n	ot ch	eck	more	than o	ne	Reportable	Reportable compensation from related organization (W-2/	Estimated amount	
	hours	box, t	ınles	s pe	rson	is both	an	compensation			of other compensation
	per week	office	rand	dad	irect	or/trust	ee)	from the organization (W-2/		from the	
	(list any hours for	악등	Ins	9	Ke	em Hig	Fo	1099-MISC/	1099-MISC/	organization and	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	hes	Former	1099-NEC)	1099-NEC)	related organizations	
	organizations	ual t	iona		oldt	ee	8				
	dotted line)	rust	T.		yee	mpe					
	dolled line)	ee	stee			Highest compensated employee			1		
			450			ted					
(1) Lisa Thaller	-			-							
Board Member		x									
(2) Algie Gatewood											
President of ACC	40.00					x			321,778.	78,836	
(3) Jerry A Bailey	01.00						Г				
Board Member	02.00	х									
(4) Charlene Barrett	01.00										
Board Member	102.00	x									
(5) John Bellingham	01.00										
Board Member		х									
(6) Feraud Calixte	01.00										
Board Member		x									
(7) Charles T Canaday	02.00										
Past President		X		X							
(8) Ted Chandler	01.00										
Board Member		X									
(9) Christopher W Clemmons	01.00			0							
Board Member		X									
(10) Jackie S Cole	02.00										
Vice President		X		X						y	
(11) Roslyn M Crisp	01.00										
Trustee Liaison	01.00	X									
(12) Susan Ezekiel	01.00										
Board Member		Х			_		_				
(13) William P Gomory	01.00								-		
Trustee Liaison	01.00	Х					_				
(14) C. D Green	01.00										
Board Member		X								Form 990 (202)	

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 (C) Position (E) (D) (A) (B) Estimated Reportable Reportable Name and Title Average (do not check more than one compensation amount of hours box, unless person is both an compensation per week officer and a director/trustee) from related other from the (list any compensation employee organization organizations Individual Key employee Highest compensated nstitutional trustee hours for (W-2/1099-MISC) from the (W-2/1099-MISC) related organization trustee organizations and related below dotted organizations line) 02.00 (26) David M Moore Planned Giving Chair X 01.00 (27) Grover W Moore Board Member X 01.00 (28) Aaron P Noble Board Member X 02.00 (29) Jack R Overacre Investments Chair X 01.00 (30) Leon Saul X Board Member 02.00 (31) Donald R Von Hagen X Grants Committee Chair (32) Mary C Rhode 104,429. 25,585. 40.00 X Executive Director (33)(34)(35)(36)(37)(38)(39)(40)(41)(42)(43)(44)(45)(46)(47)(48)(49)(50)

1	Complete this table for your five highest compensated i compensation from the organization. Report compensation	ndependent contractors that received more than tion for the calendar year ending with or within the	he organization's
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but	not limited to those listed above) who	
	received more than \$100,000 of compensation from the	e organization	Form 990 (20

58-1511004 Page 9 Alamance Community College Foundation Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Unrelated Revenue excluded Total revenue Related or exempt from tax under function revenue business sections 512-514 revenue 20,101 Contributions, Gifts, Grants, and Other Similar Amounts 1b c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above. . 1f 1,736,954. g Noncash contributions included in lines 1a-1f 1g \$489,684 1,757,055. h Total. Add lines 1a-1f. **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, 3 518,855. 518,855 Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 6a Gross rents 6a b Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) -(i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory | 7a b Less: cost or other basis and sales expenses . . 7b c Gain or (loss) 7c d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). 4,287 See Part IV, line 18 b Less: direct expenses 8b 4,287 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. 9a See Part IV, line 19 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less

10a

Business Code

499,442

2,260,784.

returns and allowances

c Net income or (loss) from sales of inventory . . .

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organi	zations must complete o	column (A).	
	Check if Schedule O contains a response or note to a	ny line in this Part IX .			
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C) Management and	(D) Fundraising
	10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		0 000 000		
	and domestic governments. See Part IV, line 21	3,232,623.	3,232,623.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	227,846.	227,846.		
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	9,800.		9,800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	20.			20.
13	Office expenses.	2,235.		2,235.	
14	Information technology.	15,790.		15,790.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any				
10	federal, state, or local public officials				
19	Conferences, conventions, and meetings	3-12-13-13-13-13-13-13-13-13-13-13-13-13-13-			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
	Other expenses. Itemize expenses not covered above.				
24	(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.) Events, hospitality, misc.	18,714.		9,357.	9,357.
	Membership dues	3,747.		3,747.	
D	Bank and cc fees	616.			616.
C	Incentive items - non-cash	10,936.			10,936.
d		20,000.			
	All other expenses Add lines 1 through 24e	3,522,327.	3,460,469.	40,929.	20,929.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	0,022,027.			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here if following SOP 98-2 (ASC 958-720)				
	TIETE				200

	art 2	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		Check if Scriedule O contains a response of hole to any line in the visit of the vi	(A) Beginning of year		(B) End of year
-	1	Cash — non-interest-bearing.		1	
		Savings and temporary cash investments	2,685,185.	2	2,255,473
	2	Pledges and grants receivable, net	1.041.159.	3	131,720
	3	Accounts receivable, net	388.	4	6,016
	4	Accounts receivable, net	VS 2650 HR JACHE	nia)	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	THE NOTE WAS A STREET OF THE PARTY OF	5	Andrews of the second
	5555	controlled entity or family member of any of these persons	STREET, WILLIAM	2/6	
n	6	Loans and other receivables from other disqualified persons (as defined	ALEM SERVICE STATE OF STATE OF	6	Participation of the Control of the
Assers		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
2	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D		in E	
	b	Less: accumulated depreciation		10c	15 00E 010
	11	Investments — publicly traded securities	14,001,606.		15,095,919
	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	193,039.	15	192,394
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,921,377.		17,681,522
7	17	Accounts payable and accrued expenses	10,435.	17	55,226
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
LIADIIILES	21	Escrow or custodial account liability. Complete Part IV of Schedule D	186,468.	21	185,171
3	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or		Park	
5	22	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	313
Ĭ		Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	25	not included on lines 17-24). Complete Part X of Schedule D		25	
		Total liabilities. Add lines 17 through 25	196,903.	26	240,397
	26	Total liabilities. Add lines 17 through 25	NEW YORK OF THE PARTY OF THE PA		
5		Organizations that follow FASB ASC 958, check here			
	1567	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	839,164.	27	633,336
8	27	Net assets without donor restrictions	000/201		
net Assets of Lund Dalaines	28	Net assets with donor restrictions	16,885,310.	28	16,807,789
3		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
3	29	Capital stock or trust principal, or current funds		29	
5	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2	31	Retained earnings, endowment, accumulated income, or other funds		31	
5	32	Total net assets or fund balances	17,724,474.		17,441,125
2	33	Total liabilities and net assets/fund balances	17.921.377.	33	17,681,522

3a

3b

Form 990 (2022)

If the organization changed either its oversight process or selection process during the tax year, explain on

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule O.

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