990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 calend	dar year, or tax year beginning	, 202	22, and end	ling		, 20						
В	Check if	applicable:	C Name of organization New Co	ommunity Project			D Emp	ployer identification number						
	Address	change	Doing business as				20-0	0092504						
$\overline{\Box}$	Name ch	ange	Number and street (or P.O. box i	f mail is not delivered to street addre	ss)	Room/suite	E Tele	phone number						
$\overline{\Box}$	Initial ret	•	117 Nature Road				(844	4)804-2985						
$\overline{\Box}$		rn/terminated	City or town, state or province, c	ountry, and ZIP or foreign postal cod	le	•								
\Box	Amende		Blue Ridge, VA 24				G Gros	ss receipts \$1,036,005.						
\exists		on pending	F Name and address of principal of			H(a) Is th		n for subordinates? Yes No						
	пррпоан	on pending	1	Nature Rd, Blue Ridge	772 24									
$\overline{}$	Tax-exer	npt status:	▼ 501(c)(3)) (insert no.) 4947(a)(1				list. See instructions.						
J	Website		Z 50 1(0)(0)) (indefended)	, 6 62.		up exemptic							
_			Corporation Trust Associa	ation Other	I Voor of for			te of legal domicile: VA						
	art I			ation Utrier	L Year of for	mation: 20	103 W Sta	te or regar domicile: VA						
	_	Summa	-		#! I									
•	1	1 Briefly describe the organization's mission or most significant activities: Environmental Education and Global Awai												
Activities & Governance		To promote environmental education and global awareness through presentations, Learning Tours to other areas of the world, web												
'na														
Ve	2		_	liscontinued its operations or	-		1	its net assets.						
ဗိ	3		-	erning body (Part VI, line 1a)				9						
≪ ≪	4	Number of	independent voting membe	rs of the governing body (Pa	rt VI, line 1	1b)	. 4	9						
ţį	5	Total numb	oer of individuals employed i	n calendar year 2022 (Part V	, line 2a)		. 5	6						
₹	6	Total numb	per of volunteers (estimate if	necessary)			. 6	0						
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 12			. 7a	0.						
	b	Net unrelate	ted business taxable income	from Form 990-T, Part I, line	e 11		. 7b	0.						
							Year	Current Year						
Revenue	8	Contribution	ons and grants (Part VIII, line	60,844.	. 671,171.									
	9		ervice revenue (Part VIII, line	41,419.										
š	10	_		2g)			26,544.							
æ	11		The state of the s	es 5, 6d, 8c, 9c, 10c, and 11			35,256.							
	12		nue-add lines 8 through 11 (r		64,063.									
_	13			IX, column (A), lines 1-3) .										
	14		aid to or for members (Part I)		10,832.	. 351,240.								
		-		04 760	100 505									
Expenses	15			benefits (Part IX, column (A), I			04,760.	. 120,505.						
ë	16a		• • • • • • • • • • • • • • • • • • • •	column (A), line 11e)										
ᄶ			raising expenses (Part IX, col					101 100						
_	17	•	enses (Part IX, column (A), lin				07,270.							
	18			equal Part IX, column (A), lin			22,862.							
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12			41,201.							
Net Assets or Fund Balances						Beginning of	Current Yea	er End of Year						
set	20	Total asset	ts (Part X, line 16)			6	96,477.							
A As	21		ities (Part X, line 26)				9,683.	. 109,668.						
			or fund balances. Subtract I	line 21 from line 20		6	86,794.	621,437.						
P	art II	Signatu	ire Block											
				return, including accompanying scho				of my knowledge and belief, it is						
tru	e, correct	, and complet	e. Declaration of preparer (other than	n officer) is based on all information o	of which prep	arer has any kno	owledge.							
Si	gn	Signature of	officer				Date							
He	ere	Dav	id Radcliff, Direct	or										
			name and title	01										
_		<u> </u>	e preparer's name	Preparer's signature		Date	Charle	r if PTIN						
Pa		Pyran V	• •	Ryan Yorty		11/09/20	Check	mployed P00113105						
	epare	Firm's nor	-				23	1100113103						
Us	e Onl	Firm's nar			2.2		Firm's EIN	88-3327931						
N/a	v tha IF	Firm's add		izabethtown, PA 1702			rione no. (717)367-8877						
ıvıa	ушен	io discuss i	uns return with the preparer	shown above? See instruction	אוע			🛛 Yes 🗌 No						

4e

Total program service expenses

Part		□
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	Environmental Education and Global Awareness	
	To promote environmental education and global awareness through	
	presentations, Learning Tours to other areas of the world, web	
2	Did the organization undertake any significant program services during the year which were not listed or	the
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	· Lifes Mino
3	Did the organization cease conducting, or make significant changes in how it conducts, any programming the conducts of the conduct of the conducts of the conducts of the conduct of the co	ıram
J	services?	
	If "Yes," describe these changes on Schedule O.	· Lifes Mino
4	Describe the organization's program service accomplishments for each of its three largest program service.	ions as moneurad by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 152,656. including grants of \$ 0.) (Revenue \$	157 461)
ти		
	Global Education The organization makes presentations in schools, colleges and churches	
	regarding the global neighborhood, and especially the situation of women	
	native people and the poor, and how our consumer choices, economic policies and government actions affect these people. The organization	
	also gives grants to partner groups in Asia, Africa and Latin America	
	for girls' education and women's development.	
4b	(Code:) (Expenses \$ 421,932. including grants of \$ 33,815.) (Revenue \$	543.513)
	Environmental Education	
	The Organization maintains Sustainable Living Centers in Virginia and Vermont	which are models
	of energy efficiency, organic gardening and alternative transportation	
	The organization also provides 100 or more presentations and workshops	
	every year to churches schools and colleges on topics related to	
	environmental education and action. The organization gives grants for	
	reforestation and forest preservation to their partners in Asia,	
	Africa and Latin America.	
	miliou and lacin micriou.	
4c	(Code:) (Expenses \$ 40,163. including grants of \$ 0.) (Revenue \$	42,070.)
	The organization takes intergenerational groups to visit their partners	
	in Asia, Africa, Latin America and the Arctic for education, relations	
	building and intercultural learning.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 351,177 including grants of \$ 0) (Revenue \$ 0)	

965,928.

	90 (2022)		F	age
Part	IV Checklist of Required Schedules		V	N
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	Yes	No
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? If "Yes," complete Schedule C, Part I	3		×
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? <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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	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		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? If "Yes," complete Schedule D, Part VII	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		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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	×	
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	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	. •	×
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		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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

Part	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
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
	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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		×
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
••	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
00	complete Schedule N, Part II	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</i> "Yes," <i>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,			
0F-	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		×
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	· · · · · · · · · · · · · · · · · · ·		ı	
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×					
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		×					
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		×					
5a									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		^					
~	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		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b							
C	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 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?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	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 b	Gross income from members or shareholders								
b	against amounts due or received from them.)								
12a	,	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
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							
	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		×					
_b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	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?	4-							
		15							
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							
10	If "Yes," complete Form 4720, Schedule O.	16							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

- 6

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × 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 × 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 × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a × 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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. X Own website Other (explain on Schedule O) Another's website ☐ Upon request 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. David Radcliff, 117 Nature Rd, Blue Ridge, VA 24064 (888)800-2985

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2022)

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 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	on nor any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er and	Pos neck ss pe	rson	e than oth is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Radcliff	40.00				,	\		0.704		
Executive Director					×	×		8,724.	0.	0.
(2) Tom Benevento Manager	40.00				×			34,500.	0.	0.
(3) Peter Antos-Ketcham Manager	40.00				×			33,000.	0.	0.
(4) Kathy Yoder Manager	40.00				×			29,400.	0.	0.
(5) Alex Murphy Director	1.00	×						0.	0.	0.
(6) Robbie Miller Chair	1.00	×						0.	0.	0.
(7) Steve Brady Director	1.00	×						0.	0.	0.
(8) Greg Laszakovits Director	1.00	×						0.	0.	0.
(9) Linetta Ballew Director	1.00	×						0.	0.	0.
(10) Kim McDowell Director	1.00	×						0.	0.	0.
(11) Hope Steele Director	1.00	×						0.	0.	0.
(12) Jerry O'Donnell Vice Chair	1.00	×						0.	0.	0.
(13) Taona Makunje Director	1.00	×						0.	0.	0.
(14) Tim McElwee Director	1.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emp	oloyees	s (continue	d)
						C)							
	(A) Name and title	(B) Average hours	box, ı	unles	neck ss pe	rson	e than of the state of the stat	n an	(D) Reportable compensation	(E) Reportable compensation		(F) imated amoun of other	t
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W 1099-MISC/ 1099-NEC)	V-2/	ompensation from the ganization and ed organization	
(15)													_
(16)			-								+		_
(17)			-								+		
(18)			-								+		_
(19)			-										
(20)			-								+		_
(21)			-										
(22)			-										
(23)													
(24)													
(25)													
1b c	Subtotal	VII, Section	n A						105,624.		0.	(Э.
d 2	Total (add lines 1b and 1c)		 d to th	nose	e list	ted	 above	e) w	105,624. ho received mor	e than \$100,0	0. 000 of	(Э.
3	Did the organization list any former of employee on line 1a? If "Yes," complete of							-	loyee, or highes	-		Yes N	o <
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /	f "Ye	s,"	complete Sche		uch	1 >	~
5	Did any person listed on line 1a receive of for services rendered to the organization		•				,		•		lual		` <
Secti	on B. Independent Contractors											' '	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	Iress							(B) Description of ser	vices		(C) ensation	
													_
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spor	nse or note to ar	າy 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
ς, α	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		-			
اع ق	С	Fundraising events			1c		-			
ts, ∡	d	Related organization			1d		-			
ia gi	e	Government grants			1e		-			
in.	f	All other contribution					-			
ion	•	and similar amounts no			1f	671 171				
t e	q	Noncash contribution				671,171.	-			
	9	lines 1a–1f			4	•				
i Si	L				1g		671 171			
0 "	h	Total. Add lines 1a-	-IT .				671,171.			
Φ	•	T	_			Business Code	40.000	40.070		
Š.	2a	Learning Tour				611710	42,070.	42,070.	0.	0.
ne ne				624200	292,536.	292,536.	0.	0.		
n en	C	(See Pg 10 ln	3 			624200	0.	0.	0.	0.
gram Ser Revenue	d					624200	0.	0.	0.	0.
Program Service Revenue	е	Scholarship				624200	0.	0.	0.	0.
<u>م</u>	f	All other program se								
	g	Total. Add lines 2a-	-2t .		<u></u>		334,606.			
	3	Investment income other similar amoun	_						_	
	_		•				-10,898.	-10,898.	0.	0.
	4	Income from investr				•				
	5	Royalties								
				(i) Rea	l	(ii) Personal	-			
	6a	Gross rents	6a				_			
	b	Less: rental expenses	6b				_			
	С	Rental income or (loss)								
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit	ties	(ii) Other	-			
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
Şe.	С	Gain or (loss)	7c							
	d	Net gain or (loss)								
Other	8a	Gross income from		ındraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	ents				
	9a	Gross income f								
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)) from	n gaming a	ctivitie	es				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowances 10a			41,126.					
	b	Less: cost of goods	sold		10b	64.				
	С	Net income or (loss)) from	n sales of ir	vento	ory	41,062.	41,062.	0.	0.
SI						Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
e e	С									
isc R	d	All other revenue								
Σ	е	Total. Add lines 11a	a–11c	d k						
	12	Total revenue. See					1,035,941.	364,770.	0.	0.

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). Check if Schedule O contains a response or note to any line in this Part IX . . . (**D**) Fundraising expenses **(B)** Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 33,989. 33,989. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 317,251. 317,251. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 101,124. 99,379. 1,247. 498. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 10,818. 10,818. 0. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 8,563. 8,415. 106. 42. Fees for services (nonemployees): 11 Legal Accounting 7,847. 0. 7,847. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 485. 485. 0. 13 9,910. 9,910. 0. 0. Office expenses 14 Information technology 15 Royalties Occupancy 16 4,123. 4,123. 17 0. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,074. 0. 0. 1,074. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 643. 0. 643. 0. Other expenses. Itemize expenses not covered 24 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.) 0. 600. 0. 600. a Contractors Bank Fees 1,095. 0. 1,095. 0. 6,259. 6,259. Shipping/Post 0. 0. Dues and Subscriptions 115. 115. 0. 0. All other expenses 462,032. 462,032. 0. 0. 25 **Total functional expenses.** Add lines 1 through 24e 965,928. 947,106. 18,282. 540. 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)

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	244,839.	1	318,336.
	2	Savings and temporary cash investments	197,575.	2	188,867.
	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% controlled entity or family member of any of these persons	2 000		F 000
	6	Loans and other receivables from other disqualified persons (as defined	3,000.	5	7,000.
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
əts	7	Notes and loans receivable, net	6,846.	7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 34,960.			
	b	Less: accumulated depreciation 10b	34,960.	10c	34,960.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	209,257.	12	181,942.
	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)	696,477.	16	731,105.
	17	Accounts payable and accrued expenses	9,683.	17	4,008.
	18	Grants payable		18	
	19	Deferred revenue		19	18,231.
	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% controlled entity or family member of any of these persons			
jab		·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	87,429.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	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	9,683.	26	109,668.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .	686,794.	31	621,437.
et/	32	Total net assets or fund balances	686,794.	32	621,437.
<u>Ž</u>	33	Total liabilities and net assets/fund balances	696,477.	33	731,105.
					Form 990 (2022

Form 990 (2022) Page **12**

Part	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	1,	035,9	941.
2	Total expenses (must equal Part IX, column (A), line 25)	2		965,9	928.
3	Revenue less expenses. Subtract line 2 from line 1	3		70,0	013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		686,	794.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-25,	702.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		731,1	105.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᅮᆜ
				Yes	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	nlain			
	Schedule O.	Piairi	OII		
0-			0-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were com			1	×
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	OI		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		. 2t		×
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or		<u>'</u>	<u> </u>
	separate basis, consolidated basis, or both:	00 01			
	☐ 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	rsiaht	t of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			;	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	1	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3k	<u> </u>	
				200	

REV 05/17/23 PRO Form **990** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization New Community Project 20-0092504 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	206,280.	178,311.	197,354.	660,884.	671,171.	1,914,000.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	100.	25,737.	32,771.	36,533.	41,126.	136,267.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	206,380.	204,048.	230,125.	697,417.	712,297.	2,050,267.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						
Ū	line 6.)						2,050,267.
Secti	on B. Total Support						2,030,207.
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	206,380.	204,048.	230,125.	697,417.	712,297.	
10a	Gross income from interest, dividends,		,	•	,	•	
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		39.	36.	157.	0.	232.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		39.	36.	157.	0.	232.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	206,380.					2,050,499.
17	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line			13. column (f))		15	99.99 %
16	Public support percentage from 2021 Sch		-			16	99.98 %
	on D. Computation of Investment In					1	
17	Investment income percentage for 2022 (y line 13, colu	mn (f))	17	0.01 %
18	Investment income percentage from 2021					18	0.02 %
19a	331/3% support tests-2022. If the organ						%, and line
	17 is not more than $33^{1}/_{3}\%$, check this box		=	-		_	_
b	33 ¹ / ₃ % support tests—2021. If the organiz						
	line 18 is not more than 331/3%, check this	_	_	•			_
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions .

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with record to a substantial contributor.			
8	with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tay year? (I se Schedule C. Form 1720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below. 	(see in	struct Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 From 2018 **c** From 2019 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

New	Community Project		20-0092504
Par			ls or Accounts.
	Complete if the organization answered "		
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · · · Yes · No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	= : : : : : : : : : : : : : : : : : : :	
	Preservation of land for public use (for example, recrea	•	f a historically important land area f a certified historic structure
	☐ Protection of natural habitat ☐ Preservation of open space	☐ Preservation o	i a certilled historic structure
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			_
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a	acquired after July 25, 2006, and not o	on a
			· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4 5	Number of states where property subject to conserve Does the organization have a written policy regard		ection handling of
•	violations, and enforcement of the conservation eas		· · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	
•	g, mopos		,
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2	• •	section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		inclai statements that describes the
Part			Other Similar Assets
ı are	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	other ommar Addets.
1a	If the organization elected, as permitted under FASI		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	•	
	art, historical treasures, or other similar assets held	•	earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
0	(II) Assets included in Form 990, Part X	historical transulate or other similar	\$
2	If the organization received or held works of art, following amounts required to be reported under FA		assets for imanicial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1 .	_	\$
u	TIOTOTICO INCIDENCE CITTOTIC CONTRACTOR INCIDENT		w

b Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Ot	her Similar Ass	ets (cont	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	,	her reco	rds, chec	k any of the	follov	ving that make si	gnificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further t	the org	ganization's exem	pt purpose	e in Part
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical tre	easure	s, or other simila	•	
	assets to be sold to raise funds rathe	r than to be mainta	ined as _l	part of the	e organizatio	on's co	ollection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arra	angements.							
	Complete if the organization	n answered "Yes'	" on For	m 990, F	Part IV, line	9, or	reported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee	, custodian or oth	er intern	nediary fo	or contributi	ons or	other assets not	t	
	included on Form 990, Part X?							☐ Yes	□No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able:				
-		a					An	nount	
С	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou							Vec	No
	If "Yes," explain the arrangement in P						•		
Par		art Am. Oneok nen	e ii tiie e.	λριαιτατίο	ii iias beeii į	provide	sa on i all Alli .		
ı aı	Complete if the organization	answered "Ves"	" on For	m 990 F	Part IV line	10			
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four ye	are back
10	Paginning of year halance	54,435.	(D) FII	0.	(C) I WO years			(e) i our ye	
_	Beginning of year balance	0.		4,435.		0.	0.		0.
b	Contributions	0.	5.	4,435.					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	54,435.		4,435.		0.	0.		0.
2	Provide the estimated percentage of	•	id balanc	e (line 1g	j, column (a)) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held a	and ad	ministered for the	_	
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	• •							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	-	-					3b	
4	Describe in Part XIII the intended use		on's endo	owment f	unds.				
Part									
	Complete if the organization	n answered "Yes"	" on For	m 990, F	Part IV, line	11a.	See Form 990, I	⊃art X, lin	e 10.
	Description of property	(a) Cost or ot (investment)		1 ' '	or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land		0.						0.
b	Buildings	. 3	4,960.					34	,960.
С	Leasehold improvements								
d	Equipment								
e	Other								
	Add lines 1a through 1e (Column (d) r		90 Part	X column	(R) line 10	c)		3.4	960

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(.,	thod of valuation: I-of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other Pa	arnassus	87,429.	FMV	
	 d Jones	94,513.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 12.)	181,942.		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	, ,	thod of valuation: I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		a 11d Caa Fawa	000 Davit V. lina 15
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, IIn	ie 11a. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11e or 11f Se	e Form 990 Part X
	line 25.	, ,		,,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footr			ents that reports the
	s liability for uncertain tax positions under FASB ASC 740. Chec			

Part			Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i>		5
Part			-
	Complete if the organization answered "Yes" on Form 990, F		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
		עד	
	Add lines 4a and 4b		40
С	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line		4c
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (Fo	rm 990) 2022	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

20**22**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	Community Project				20-00	92504
Par			ties Outside	the United States. Con		
1	For grantmakers. Does the other assistance, the grants award the grants or assistan	ees' eligibility	for the grant	ts or assistance, and the	selection criteria used to	1
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants a	nd other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	South Asia	0	0	Grants	Girl's education	57,300.
(2)	Sub-Saharan Africa	0	0	Grants	Girl's education	142,730.
(3)	Sub-Saharan Africa	0	0	Grants	Reforestation	29,458.
(4)	Central America	0	0	Grants	Reforestation	783.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			230,271.
b	Total from continuation					

c Totals (add lines 3a and 3b)

230,271.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Girls' Education					
(2)			South Asia	Girls' education					
(3)			Sub-Saharan Africa	Girls' education					
(4)			Sub-Saharan Africa	Girls' education					
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
_(13)						
_(14)						
(15)						
(16)						
_(17)						
(18)						

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

Schedule F (Form 990) 2022 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Pt I Line 2: See attached Statement

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

New	Community Project							20-0092504	
Part I	General Information	on Grants and	Assistance						
	Does the organization mainta the selection criteria used to			_	_	grantees' eligibility fo	_		□ No
	Describe in Part IV the organ	•						· · · · <u>~</u> res	NO
Part I	_	ssistance to Do	mestic Organiz	ations and Don	nestic Governm	ents. Complete if		า answered "Yes" on Fo	rm 990,
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o	',' '	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
	Enter total number of section		•						
3i	Enter total number of other o	organizations listed	in the line 1 table	9					

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
V Supplemental Information, Pro	ovide the information re	equired in Part I. li	ine 2: Part III. colum	n (b): and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pro	ovide the information re	equired in Part I, li	ine 2; Part III, colum	n (b); and any other addition	onal information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 20-0092504 New Community Project Pt VI, Line 11b: The organization's form 990 is reviewed by the Board Pt VI, Line 11b: of directors prior to filing. Pt VI, Line 19: The organization makes its form 990 and financial Pt VI, Line 19: statements available for public inspection on its Pt VI, Line 19: website. Pt VI, Line 12c: The policy is discussed in Board meetings. Pt III, Line 4d: Expenses: \$351,177 including grants of: \$0 Revenue: \$0 Description: Other program expenses Pt IX, Line 24e: Description: Learning Tours Total: \$40,163 Program services: \$40,163 Management and general: \$0 Fundraising: \$0 Description: Construction Project Total: \$23,354 Program services: \$23,354 Management and general: \$0 Fundraising: \$0 Description: House Maint Total: \$7,555 Program services: \$7,555 Management and general: \$0 Fundraising: \$0

Schedule O (Form 990) 2022	Page Z
Name of the organization New Community Project	Employer identification number 20-0092504
	120 000 200 2
Description: Misc Harrisonburg	
Total: \$19,591	
Program services: \$19,591	
Management and general: \$0	
Fundraising: \$0	
Description: Misc	
Total: \$0	
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description: Harrison. Learning Tour	
Total: \$93	
Program services: \$93	
Management and general: \$0	
Fundraising: \$0	
Description: Forest Farm	
Total: \$10,176	
Program services: \$10,176	
Management and general: \$0	
Fundraising: \$0	
Description: Renew Rocktown	
Total: \$100	
Program services: \$100	
Management and general: \$0	
Fundraising: \$0	
Description: Fuego Coalition	
Total: \$0	

Name of the organization	Employer identification number
New Community Project	20-0092504
Program services: \$0	
Management and general: \$0	
Fundraising: \$0	
Description to Education Outros de	
Description: Education Outreach	
Total: \$138,464	
Program services: \$138,464	
Management and general: \$0	
Fundraising: \$0	
Description: Carbon Farm	
Description: Carbon Farm	
Total: \$43,991	
Program services: \$43,991	
Management and general: \$0	
Fundraising: \$0	
Description: Give Solar	
Total: \$33,815	
Program services: \$33,815	
Management and general: \$0	
Fundraising: \$0	
Description: Outside Service	
Total: \$144,730	
Program services: \$144,730	
Management and general: \$0	
Fundraising: \$0	
rundratsing. 30	

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-004 <i>1</i>

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records.

Name of filer New Community P		~	o to www.irs.gov/Form8879	OTE for the latest information	ı .	
					EIN or SSN	
	roject				20-0092504	
lame and title of officer or pe		o tax				
avid Radcliff,	Directo	r				
			rn Information			
				'9-TE and enter the applica	ble amount if any	v from the return Form
3038-CP and Form 533	0 filers may	enter d	ollars and cents. For all oth	er forms, enter whole dollars	s only. If you chec	k the box on line 1a, 2a
				or the return being filed with one of the content o		
			e than one line in Part I.	ot enter -o-). But, if you ente	sied -o- on the rett	ann, then enter -0- on the
1a Form 990 check				orm 990, Part VIII, column (A	(), line 12)	1b
2a Form 990-EZ ch				form 990-EZ, line 9)		2b
3a Form 1120-POL of		_		OL, line 22)		3b
4a Form 990-PF ch		_		ent income (Form 990-PF, F		4b
5a Form 8868 chec				68, line 3c)		5b 0.
6a Form 990-T che				Part III, line 4)		6b
7a Form 4720 chec	ck here	. 🗆		Part III, line 1)		7b
8a Form 5227 chec	ck here	. \square	•	of tax year (Form 5227, Item		8b
9a Form 5330 chec	ck here			art II, line 19)		9b
10a Form 8038-CP ch	neck here .	. 🗆	b Amount of credit paym	ent requested (Form 8038-CF	, Part III, line 22)	10b
Part II Declarat	ion and Si	gnatu	re Authorization of Of	icer or Person Subject	to Tax	
Inder penalties of perju	ıry, I declare	that 🔀	I am an officer of the abo	ve entity or I am a person	on subject to tax w	vith respect to (name
of entity)				_ , (EIN)	and that I have exa	amined a copy of the
he date of any refund. I direct debit) entry to the eturn, and the financial -888-353-4537 no late	f applicable, e financial ins institution to r than 2 busil onic paymen	I author stitution debit the ness dang t of taxe	rize the U.S. Treasury and in account indicated in the take entry to this account. To ays prior to the payment (see so to receive confidential in	, (b) the reason for any delay ts designated Financial Agen x preparation software for partevoke a payment, I must coutlement) date. I also authorize formation necessary to answer y signature for the electron	t to initiate an elec ayment of the fede ontact the U.S. Tre te the financial inst er inquiries and re	ctronic funds withdrawal eral taxes owed on this easury Financial Agent at titutions involved in the
PIN: check one box on I authorize Hol on the tax year 20 agency(ies) regular return's disclosure	awal. linger S D22 electronic ting charities e consent scr	ervic E cally file s as par reen.	RO firm name ed return. If I have indicate t of the IRS Fed/State pro	to enter my PIN d within this return that a co	1 7 0 2 2 Enter five numbers, do not enter all zero ppy of the return is prementioned ERC	plicable, the consent to as my signature but os s being filed with a state of to enter my PIN on the
on the tax year 20 agency(ies) regular return's disclosure filed return. If I have of the IRS Fed/Sta	ally linger S 222 electronicating charities e consent screerson subject the program,	ervic E cally file s as par reen. t to tax within th	RO firm name ed return. If I have indicate t of the IRS Fed/State pro-	to enter my PIN d within this return that a cogram, I also authorize the aformula in the common state of	Enter five numbers, do not enter all zero opy of the return is prementioned ERC gnature on the tax tate agency(ies) re	as my signature but
PIN: check one box on I authorize Hol on the tax year 20 agency(ies) regula return's disclosure As an officer or perfiled return. If I have of the IRS Fed/Sta	awal. linger S 22 electronicating charities e consent screerson subject to tax	ervic E cally file s as par reen. It to tax within the	RO firm name ed return. If I have indicate t of the IRS Fed/State pro- with respect to the entity, nis return that a copy of the ter my PIN on the return's o	to enter my PIN d within this return that a cogram, I also authorize the aformula in the common state of	1 7 0 2 2 Enter five numbers, do not enter all zero ppy of the return is prementioned ERC gnature on the tax	as my signature but
PIN: check one box on I authorize Hol on the tax year 20 agency(ies) regulareturn's disclosure As an officer or perfiled return. If I have of the IRS Fed/States	ally linger S 222 electronic ting charities e consent scr erson subject ve indicated value program, a subject to tax tion and A	ervic cally file s as par reen. t to tax within the I will en	RO firm name ed return. If I have indicate t of the IRS Fed/State pro- with respect to the entity, his return that a copy of the ter my PIN on the return's of	to enter my PIN d within this return that a cogram, I also authorize the aformula in the common state of	Enter five numbers, do not enter all zero opy of the return is prementioned ERC gnature on the tax tate agency(ies) re	as my signature but
PIN: check one box on I authorize Hol on the tax year 20 agency(ies) regula return's disclosure As an officer or pe filed return. If I hav of the IRS Fed/Sta ignature of officer or person Part III Certifica ERO's EFIN/PIN. Enter	linger S 222 electronicating charities e consent screerson subject to tax tion and A your six-digi	ervic cally file s as par reen. t to tax within the one uthen it electrose	RO firm name ed return. If I have indicate t of the IRS Fed/State pro- with respect to the entity, nis return that a copy of the ter my PIN on the return's of tication onic filing identification	to enter my PIN d within this return that a cogram, I also authorize the aformula in the common state of	Enter five numbers, do not enter all zero opy of the return is prementioned ERC gnature on the tax tate agency(ies) re	as my signature but
on the tax year 20 agency(ies) regula return's disclosure As an officer or person filed return. If I have of the IRS Fed/Sta RO'S EFIN/PIN. Enternumber (EFIN) followed certify that the above in the IRS red/sta	linger S 22 electronicating charities e consent screerson subject to tax tion and A your six-digit by your five- numeric entry rn in accorda	ervic cally file s as par reen. t to tax within the suither of the second of the seco	RO firm name ed return. If I have indicate t of the IRS Fed/State pro- with respect to the entity, nis return that a copy of the ter my PIN on the return's of tication onic filing identification If-selected PIN. PIN, which is my signature	to enter my PIN d within this return that a cogram, I also authorize the aformula in the company of the compan	Enter five numbers, do not enter all zero opy of the return is prementioned ERC gnature on the tax tate agency(ies) re Date 05/10/	as my signature but
on the tax year 20 agency(ies) regula return's disclosure As an officer or person of the IRS Fed/State of officer or person of the IRS Fed/State of officer or person of the IRS Fed/State of the IRS	linger S 22 electronicating charities e consent screerson subject to tax tion and A your six-digit by your five- numeric entry rn in accorda	ervic cally file s as par reen. t to tax within the suither of the second of the seco	RO firm name ed return. If I have indicate t of the IRS Fed/State pro- with respect to the entity, nis return that a copy of the ter my PIN on the return's of tication onic filing identification If-selected PIN. PIN, which is my signature	to enter my PIN d within this return that a cogram, I also authorize the aformation of the second s	Enter five numbers, do not enter all zero opy of the return is prementioned ERC gnature on the tax tate agency(ies) re Date 05/10/	as my signature but

2022

Name Employer Identification No.
New Community Project 20-0092504

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Learning Tours	40,163.	40,163.	0.	0.
Construction Project	23,354.	23,354.	0.	0.
House Maint	7,555.	7,555.	0.	0.
Misc Harrisonburg	19,591.	19,591.	0.	0.
			0.	0.
Misc	93.	93.		
Harrison. Learning Tour			0.	0.
Forest Farm	10,176.	10,176.	0.	0.
Renew Rocktown	100.	100.	0.	0.
Fuego Coalition	0.	0.	0.	0.
Education Outreach	138,464.	138,464.	0.	0.
Carbon Farm	43,991.	43,991.	0.	0.
Give Solar Outside Service	33,815.	33,815.	0.	0.
Total to Form 990, Part IX, line 24e	462,032.	462,032.	0.	0.