Department of the Treasury

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

OMB No. 1545-0047

22

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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.

**Open to Public** Inspection

| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. |            |                 |  |  |                                  |                | Inspection                  |  |  |  |  |  |  |  |  |
|---|------------|-----------------|--|--|----------------------------------|----------------|-----------------------------|--|--|--|--|--|--|--|--|
| Α   | For the    | e 2022 calend   | 09/30/20   | 0/2023   |                                  |                |                             |  |  |  |  |  |  |  |  |
| в   | Check if   | f applicable:   | C Name of organization COMMUNITIES UNLIMITED INC                             |  | D Employer identification number |                |                             |  |  |  |  |  |  |  |  |
|   | Address    | s change        | Doing business as  |  |                                  | 71-0464321     |                             |  |  |  |  |  |  |  |  |
|   | Name c     | hange           | Number and street (or P.O. box if mail is not delivered to street address)   |  | E Telepł                         | none number    |                             |  |  |  |  |  |  |  |  |
|   | Initial re | turn            | 3 East Colt Square Drive   |  |                                  |                | 479-443-2700                |  |  |  |  |  |  |  |  |
|   | Final ret  | urn/terminated  | City or town, state or province, country, and ZIP or foreign postal code     | City or town, state or province, country, and ZIP or foreign postal code |                                  |                |                             |  |  |  |  |  |  |  |  |
|   | Amende     | ed return       | Fayetteville, AR 72703   |  | 0                                | <b>G</b> Gross | receipts \$ 15,485,400      |  |  |  |  |  |  |  |  |
|   | Applicat   | tion pending    | F Name and address of principal officer: Ines Polonius                       | <b>H(a)</b>  | ls this a grou                   | p return fo    | or subordinates? 🗌 Yes 🗹 No |  |  |  |  |  |  |  |  |
|   |            |                 | 3 East Colt Square Drive, Fayetteville, AR 72703                             | H(b) /   | Are all sub                      | oordinat       | es included? 🗌 Yes 🗌 No     |  |  |  |  |  |  |  |  |
| <u> </u>  | Tax-exe    | empt status:    | ✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                        | lf "No   | o," attach a                     | a list. Se     | ee instructions.            |  |  |  |  |  |  |  |  |
| J   | Website    | e: www.con      | nmunitiesu.org   | H(c) (   | Group exe                        | emption        | number                      |  |  |  |  |  |  |  |  |
| -   |            | organization: 🗸 | Corporation Trust Association Other L Year of form                           | nation: 1  | 975                              | M State        | of legal domicile: AR       |  |  |  |  |  |  |  |  |
| Ρ   | art I      | Summa           | -  |  |                                  |                |                             |  |  |  |  |  |  |  |  |
|   | 1          | Briefly des     | cribe the organization's mission or most significant activities: <u>Comm</u> | nunities U   | Inlimited                        | l, Inc. (      | CU connects people          |  |  |  |  |  |  |  |  |
| Ce  |            | and rural c     | ommunities to solutions. Please see schedule O for our Promise, Our P        | urpose, C  | Our Appr                         | oach           |                             |  |  |  |  |  |  |  |  |
| Activities & Governance   |            |                 |  |  |                                  |                |                             |  |  |  |  |  |  |  |  |
| ver   | 2          |                 | box $\square$ if the organization discontinued its operations or disposed    | of more t  | han 259                          | % of it        | s net assets.               |  |  |  |  |  |  |  |  |
| ő   | 3          |                 | voting members of the governing body (Part VI, line 1a)                      |  |                                  | 3              | 7                           |  |  |  |  |  |  |  |  |
| ∞<br>v  | 4          |                 | independent voting members of the governing body (Part VI, line 1)           | ,  |                                  | 4              | 7                           |  |  |  |  |  |  |  |  |
| itie  | 5          |                 | per of individuals employed in calendar year 2022 (Part V, line 2a)          |  |                                  | 5              | 109                         |  |  |  |  |  |  |  |  |
| ži  | 6          |                 | per of volunteers (estimate if necessary)                                    |  |                                  | 6              | 0                           |  |  |  |  |  |  |  |  |
| Ă   | 7a         |                 | ated business revenue from Part VIII, column (C), line 12                    |  |                                  | 7a             | 0                           |  |  |  |  |  |  |  |  |
|   | b          | Net unrelat     | ed business taxable income from Form 990-T, Part I, line 11                  |  |                                  | 7b             | 0                           |  |  |  |  |  |  |  |  |
|   |            |                 |  | Pr   | rior Year                        |                | Current Year                |  |  |  |  |  |  |  |  |
| e   | 8          |                 | ons and grants (Part VIII, line 1h)  |  | 9,18                             | 0,615          | 13,975,194                  |  |  |  |  |  |  |  |  |
| Revenue   | 9          | •               | ervice revenue (Part VIII, line 2g)  |  | 76                               | 0,836          | 1,224,122                   |  |  |  |  |  |  |  |  |
| Sev.  | 10         |                 | income (Part VIII, column (A), lines 3, 4, and 7d)                           |  | 1                                | 8,260          | 263,346                     |  |  |  |  |  |  |  |  |
| -   | 11         |                 | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)               |  | -2                               | 3,589          | 22,738                      |  |  |  |  |  |  |  |  |
|   | 12         |                 | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)        |  | 9,93                             | 6,122          | 15,485,400                  |  |  |  |  |  |  |  |  |
|   | 13         |                 | l similar amounts paid (Part IX, column (A), lines 1–3)                      |  | 14                               | 2,125          | 120,230                     |  |  |  |  |  |  |  |  |
|   | 14         |                 | aid to or for members (Part IX, column (A), line 4)                          |  |                                  | 0              | 0                           |  |  |  |  |  |  |  |  |
| es  | 15         |                 | her compensation, employee benefits (Part IX, column (A), lines 5–10)        |  | 6,36                             | 3,332          | 8,429,723                   |  |  |  |  |  |  |  |  |
| Expenses  | 16a        |                 | al fundraising fees (Part IX, column (A), line 11e)                          |  |                                  | 0              | 0                           |  |  |  |  |  |  |  |  |
| ăX  | b          |                 | aising expenses (Part IX, column (D), line 25)0                              |  |                                  |                |                             |  |  |  |  |  |  |  |  |
| ш   | 17         |                 | enses (Part IX, column (A), lines 11a–11d, 11f–24e)                          |  | 2,47                             | 3,185          | 3,762,524                   |  |  |  |  |  |  |  |  |
|   | 18         | Total expe      | nses. Add lines 13–17 (must equal Part IX, column (A), line 25)              |  | 8,97                             | 8,642          | 12,312,477                  |  |  |  |  |  |  |  |  |
|   | 19         | Revenue le      | ss expenses. Subtract line 18 from line 12                                   |  |                                  | 7,480          | 3,172,923                   |  |  |  |  |  |  |  |  |
| Net Assets or<br>Fund Balances  |            |                 |  | Beginning  | of Currer                        | nt Year        | End of Year                 |  |  |  |  |  |  |  |  |
| set   | 20         |                 | s (Part X, line 16)  |  | 26,84                            | 3,803          | 36,993,001                  |  |  |  |  |  |  |  |  |
| at A  | 21         |                 | ties (Part X, line 26)   |  | 9,46                             | 7,227          | 16,443,500                  |  |  |  |  |  |  |  |  |
|   |            |                 | or fund balances. Subtract line 21 from line 20                              |  | 17,37                            | 6,576          | 20,549,501                  |  |  |  |  |  |  |  |  |
| P   | art II     | Signatu         | re Block   |  |                                  |                |                             |  |  |  |  |  |  |  |  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign        | Signature of officer              |                                    |      | Date |                           |            |      |
|-------------|-----------------------------------|------------------------------------|------|------|---------------------------|------------|------|
| Here        | Ines Polonius, CEO                |                                    |      |      |                           |            |      |
|             | Type or print name and title      |                                    |      |      |                           |            |      |
| H H         | Print/Type preparer's name        | Preparer's signature               | Date |      | Check if if self-employed | PTIN       |      |
|             |                                   | Firm's EIN                         |      |      |                           |            |      |
|             | Firm's address                    | Phone no.                          |      |      |                           |            |      |
| May the IRS | S discuss this return with the pr | eparer shown above? See instructio | ns   |      |                           | <b>Yes</b> | 🗌 No |
|             |                                   |                                    |      |      |                           | - 0        | 00   |

For Paperwork Reduction Act Notice, see the separate instructions.

| Form 99 | 0 (2022) Page <b>2</b>  |
|---------|---|
| Part    |   |
|         | Check if Schedule O contains a response or note to any line in this Part III  |
| 1       | Briefly describe the organization's mission:  |
|         | Communities Unlimited, Inc. CU connects people and rural communities to solutions. Please see Schedule O supplemental   |
|         | information for Part I, line 1 for Our Promise, Our Purpose, Our Approach, Our Place, and Our Organization.   |
| 2       | Did the organization undertake any significant program services during the year which were not listed on the  |
| L       | prior Form 990 or 990-EZ?   |
| 3       | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program  |
| 0       | services?   |
|         | If "Yes," describe these changes on Schedule O.   |
| 4       | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a      | (Code:) (Expenses \$5,250,460 including grants of \$0 ) (Revenue \$6,333,731 )  |
|         | CU's Environmental Services Program works with small population community environmental management systems: community   |
|         | drinking water systems; wastewater systems; and solid waste management systems through on-site technical assistance, training,  |
|         | publications, and financing. With a current staff of over 50 highly trained professional technical assistance providers, CU   |
|         | Environmental Services supports efforts to provide access to safe drinking water for everyone and environmentally-responsible   |
|         | waste disposal within an ever-changing regulatory environment in the communities that are provided technical assistance and   |
|         | training. Our technical assistance focuses on building local capacity of governing board members, environmental operators, and  |
|         | other system staff so that they will develop and maintain the capability to adequately manage and operate their environmental   |
|         | management systems. All of CU Environmental Services' technical assistance and training is focused on achieving national  |
|         | environmental system outcomes. As a regional partner of the national Rural Community Assistance Partnership, (RCAP), CU serves as the Southern RCAP partner in providing environmental technical assistance and training throughout a seven-state   |
|         | region of Alabama, Mississippi, Tennessee, Arkansas, Louisiana, Texas, and Oklahoma. Additionally, CU Environmental Services  |
|         | (Continued on Schedule O, Statement 1)  |
| 4b      | (Code: ) (Expenses \$ 1,606,186 including grants of \$ 13,230 ) (Revenue \$ 3,929,170 )   |
|         | In 1992, CU started making loans to water and wastewater systems in rural areas to ensure that residents had clean, healthy   |
|         | drinking water and safe wastewater treatment systems. In 2001 CU was certified as a CDFI. Loans made to Community   |
|         | Environmental Management Systems are used for improvement projects, pre-development financing, purchase of equipment and  |
|         | emergency financing needs. In 2023, CU closed \$5,461,646 to 20 water and wastewater systems to improve their water and   |
|         | wastewater systems. These loans included \$1,988,019 (36%) loaned in Persistent Poverty Counties. Loans ranged from the small   |
|         | loan needed to meet compliance to larger loans for pre-development work that helped these communities access larger loans and   |
|         | grants. CU made 6 pre-development loans of \$2,615,637, leveraging \$34,983,732 in federal and state funds. These loans   |
|         | impacted 1,688 household in Arkansas, Alabama, Texas, and Oklahoma in communities with poverty rates as high as 23.8%.  |
|         | Pre-development loans are the fastest growing segment in CU water and wastewater loan portfolio. Small business lending was added in 2010 as small businesses were struggling to recover from the 2008 recession and bank lending tightened. Again, CU  |
|         | works to fill the gap in financing with loans from \$1,000 to \$100,000 to small businesses that do not qualify for traditional financing.  |
|         | (Continued on Schedule O, Statement 2)  |
| 4c      | (Code: ) (Expenses \$ 2,799,815 including grants of \$ 107,000 ) (Revenue \$ 3,257,078 )  |
|         | Housing, Entrepreneurship, and Community Sustainability: CU follows a holistic, community-centered housing approach with a  |
|         | focus on local capacity building, technical assistance, resource development, and housing fund and lending development. During  |
|         | fiscal year 2023, CU was in the early stages of program planning and resource development. CU increased housing staff capacity  |
|         | for the housing program by hiring a housing counselor to provide housing counseling services in the Arkansas Delta and  |
|         | surrounding region. Filling this role will allow the organization to provide pre-purchase homebuyer education, housing counseling,  |
|         | and post-purchases or loans for home rehabilitation. In addition to increased staff capacity, the CU housing program engaged  |
|         | partners in expanding a volumetric modular housing manufacturing system and initiatives in increase homeownership for Black,  |
|         | Indigenous, and other communities of color. CU housing staff have partnered with WE Center, a non-profit housing development<br>and workforce training center, to launch a modular housing manufacturing center in Pine Bluff, AR with plans to manufacture and   |
|         | place homes in the community during the next fiscal year. CU partnered with local organizations in Pine Bluff, Arkansas to identify   |
|         | (Continued on Schedule O, Statement 3)  |
|         | <u></u>   |
| 4d      | Other program services (Describe on Schedule O.) See Schedule O, Statement 4  |
|         | (Expenses \$ 654,559 including grants of \$ 0) (Revenue \$ 1,965,421)   |
| 4e      | Total program service expenses 10,311,020   |

| Form 99  | D (2022)  |     | I   | Page 3 |
|----------|---|-----|-----|--------|
| Part     | V Checklist of Required Schedules   |     |     |        |
|          | In the experimentian department in position $E(1/2)(2)$ or $40.47(2)(1)$ (other then a private foundation)? If "Vec "   |     | Yes | No     |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | ~   |        |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | ~   |        |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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? If "Yes," complete Schedule C, Part II  | 4   | ~   |        |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>   | 5   |     | ~      |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>                                  | 6   |     | ~      |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | 7   |     | ~      |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  | 8   |     | ~      |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9   | ~   |        |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .   | 10  |     | ~      |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.   |     |     |        |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a | ~   |        |
| b        | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | 11b |     | ~      |
| С        | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   | 11c |     | ~      |
| d        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | 11d |     | ~      |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | ~      |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f |     | ~      |
|          | 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<br>b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | 14a |     | ~      |
| D        | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>  | 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? <i>If "Yes," complete Schedule G, Part II</i> .   | 18  |     | ~      |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | 19  |     | ~      |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | ~      |
| b        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |        |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | 21  |     | ~      |

| _            | 00 (2022)   |                |          | Page <b>4</b> |
|--------------|---|----------------|----------|---------------|
| Part         | V Checklist of Required Schedules (continued)   |                | Yes      | No            |
| 22           | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22             | res<br>V |               |
| 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? <i>If "Yes," complete Schedule J</i> .  | 23             | ~        |               |
| 24a          | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   | 24a            |          | ~             |
| b<br>c       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24b<br>24c     |          |               |
| d<br>25a     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  | 24d<br>25a     |          | ~             |
| b            | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  | 25b            |          | ~             |
| 26           | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   | 26             |          | ~             |
| 27           | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>   | 27             |          | ~             |
| 28           | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |                |          | •             |
| а            | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>  | 28a            |          | ~             |
| b<br>c       | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  | 28b<br>28c     |          | ~ ~           |
| 29<br>30     | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i><br>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 29<br>30       |          | ~             |
| 31<br>32     | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i><br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 30<br>31<br>32 |          | ~             |
| 33           | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33             | ~        |               |
| 34           | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34             |          | ~             |
| 35a<br>b     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a            |          | ~             |
| 36           | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 35b<br>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? <b>Note:</b> All Form 990 filers are required to complete Schedule O   | 38             | ~        |               |
| Part         | V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V   |                |          |               |
| 1a<br>b<br>c | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       157         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1       1 | 1c             | Yes<br>V | No            |

| Form 99 |  |     | F   | Page 5 |
|---------|--|-----|-----|--------|
| Part    |  |     | Yes | No     |
|         | 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 109           |     |     |        |
| 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  |     | ~      |
|         | 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  |     | ~      |
|         | 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).  |     |     |        |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | ~      |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | ~      |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |        |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | ~      |
|         | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | oa  |     | V      |
|         | gifts were not tax deductible?   | 6b  |     |        |
|         | Organizations that may receive deductible contributions under section 170(c).  | 0.0 |     |        |
|         | 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?  | 7b  |     |        |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |     |     |        |
|         | required to file Form 8282?  | 7c  |     |        |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |        |
|         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     |        |
|         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f  |     |        |
| -       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |        |
|         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |        |
|         | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | •   |     |        |
|         | Sponsoring organization have excess business holdings at any time during the years   | 8   |     |        |
|         | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |        |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |        |
|         | Section 501(c)(7) organizations. Enter:  | 0.0 |     |        |
|         | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |        |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>   |     |     |        |
| 11      | Section 501(c)(12) organizations. Enter:   |     |     |        |
| а       | Gross income from members or shareholders  |     |     |        |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources  |     |     |        |
|         | against amounts due or received from them.)  |     |     |        |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |        |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |     |        |
|         | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 10- |     |        |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |        |
| 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   |     |     |        |
|         | Enter the amount of reserves on hand   |     |     |        |
|         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | ~      |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |     |        |
|         | 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?   | 15  |     | ~      |
|         | 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  |     | ~      |
|         | If "Yes," complete Form 4720, Schedule O.  |     |     |        |
|         | 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.  |     |     |        |

| Form | 990 | (2022) |
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|------|-----|--------|

| Part     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.  | See in   | struc         | tions. |  |  |  |  |  |  |  |
|----------|--|----------|---------------|--------|--|--|--|--|--|--|--|
|          | Check if Schedule O contains a response or note to any line in this Part VI  |          |               | ~      |  |  |  |  |  |  |  |
| Section  | on A. Governing Body and Management  |          | Yes           | No     |  |  |  |  |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 7<br>If there are material differences in voting rights among members of the governing body, or<br>if the governing body delegated broad authority to an executive committee or similar<br>committee, explain on Schedule O. |          |               |        |  |  |  |  |  |  |  |
| ь<br>2   | Enter the number of voting members included on line 1a, above, who are independent .<br>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2        |               | ~      |  |  |  |  |  |  |  |
| 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        |               | ~      |  |  |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        |               | ~      |  |  |  |  |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5        |               | ~      |  |  |  |  |  |  |  |
| 6<br>7a  | Did the organization have members or stockholders?   | 6        |               | ~<br>~ |  |  |  |  |  |  |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7a<br>7b |               | ~      |  |  |  |  |  |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |               | •      |  |  |  |  |  |  |  |
| а        | The governing body?  | 8a       | ~             |        |  |  |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b       | ~             |        |  |  |  |  |  |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>  | 9        |               | ~      |  |  |  |  |  |  |  |
| Section  | on B. Policies (This Section B requests information about policies not required by the Internal Rever  | nue C    | ,             |        |  |  |  |  |  |  |  |
| 10-      | Did the eventienties have least charters by another as affiliates?   | 10-      | Yes           | No     |  |  |  |  |  |  |  |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a      |               | ~      |  |  |  |  |  |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | ~             |        |  |  |  |  |  |  |  |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |          | -             |        |  |  |  |  |  |  |  |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a      | ~             |        |  |  |  |  |  |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b      | ~             |        |  |  |  |  |  |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |          |               |        |  |  |  |  |  |  |  |
|          | describe on Schedule O how this was done.  | 12c      | ~             |        |  |  |  |  |  |  |  |
| 13       | Did the organization have a written whistleblower policy?  | 13<br>14 | <u>ィ</u><br>ィ |        |  |  |  |  |  |  |  |
| 14<br>15 | Did the organization have a written document retention and destruction policy?   | 14       | V             |        |  |  |  |  |  |  |  |
| 10       | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |               |        |  |  |  |  |  |  |  |
| а        | The organization's CEO, Executive Director, or top management official   | 15a      | V             |        |  |  |  |  |  |  |  |
| b        | Other officers or key employees of the organization  | 15b      | ~             |        |  |  |  |  |  |  |  |
|          | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |          |               |        |  |  |  |  |  |  |  |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a      |               | ~      |  |  |  |  |  |  |  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |          |               |        |  |  |  |  |  |  |  |
|          | organization's exempt status with respect to such arrangements?  | 16b      |               |        |  |  |  |  |  |  |  |
|          | on C. Disclosure   |          |               |        |  |  |  |  |  |  |  |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed <u>None</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  | T (sec   | tion 5        | 501(c  |  |  |  |  |  |  |  |

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2022)

Page 6

<sup>20</sup> State the name, address, and telephone number of the person who possesses the organization's books and records. Communities Unlimited Inc, (479)443-2700

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

|                                    |                        |                                   |                       | ((      | C)           |                              |        |                                |                                     |                          |
|------------------------------------|------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------------------|-------------------------------------|--------------------------|
| (A)                                | (B)                    |                                   |                       |         | sition       |                              |        | (D)                            | (E)                                 | (F)                      |
| Name and title                     | Average                |                                   |                       |         |              | e than o                     |        | Reportable                     | Reportable                          | Estimated amount         |
|                                    | hours                  |                                   |                       |         |              | i is both<br>or/trust        |        | compensation                   | compensation                        | of other                 |
|                                    | per week<br>(list any  |                                   | -                     |         | -            | 1                            | т ́    | from the<br>organization (W-2/ | from related<br>organizations (W-2/ | compensation<br>from the |
|                                    | hours for              | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | nplo                         | Former | 1099-MISC/                     | 1099-MISC/                          | organization and         |
|                                    | related                | dual                              | ltior                 | 7       | mp           | st co                        | Ψ      | 1099-NEC)                      | 1099-NEC)                           | related organizations    |
|                                    | organizations<br>below | r tr                              | al ti                 |         | oye          | duc                          |        |                                |                                     |                          |
|                                    | dotted line)           | stee                              | uste                  |         |              | ens                          |        |                                |                                     |                          |
|                                    |                        |                                   | ĕ                     |         |              | Highest compensated employee |        |                                |                                     |                          |
| Ines Polonius                      | 40.00                  |                                   |                       |         |              |                              |        |                                |                                     |                          |
| CEO                                | 0.00                   |                                   |                       | ~       |              | ~                            |        | 131,143                        | 0                                   | 20,915                   |
| Elaine Crutchfield                 | 40.00                  |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Director of Program Services       | 0.00                   |                                   |                       |         |              | ~                            |        | 115,401                        | 0                                   | 23,841                   |
| Thomas Ricks                       | 40.00                  |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Director of Environmental Services | 0.00                   |                                   |                       |         |              | ~                            |        | 116,141                        | 0                                   | 21,020                   |
| Kimberly Griffey                   | 40.00                  |                                   |                       |         |              |                              |        |                                |                                     |                          |
| CFO                                | 0.00                   |                                   |                       | ~       |              | ~                            |        | 109,137                        | 0                                   | 20,274                   |
| Bryn Bagwell                       | 40.00                  |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Director of Loan Fund              | 0.00                   |                                   |                       |         |              | ~                            |        | 106,257                        | 0                                   | 15,480                   |
| Deborah Warren                     | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board Member                       | 0.00                   | ~                                 |                       |         |              |                              |        | 0                              | 0                                   | 0                        |
| Donna Kay Yeargan                  | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board member                       | 0.00                   | ~                                 |                       |         |              |                              |        | 0                              | 0                                   | 0                        |
| Salomon Torres                     | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board Member                       | 0.00                   | ~                                 |                       |         |              |                              |        | 0                              | 0                                   | 0                        |
| Maximillan Sprinkle                | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board Member                       | 0.00                   | ~                                 |                       |         |              |                              |        | 0                              | 0                                   | 0                        |
| Dominique Gomez                    | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board Member                       | 0.00                   | ~                                 |                       |         |              |                              |        | 0                              | 0                                   | 0                        |
| Chris Page                         | 1.00                   |                                   |                       |         |              |                              |        |                                |                                     |                          |
| Board President                    | 0.00                   |                                   |                       | ~       |              |                              |        | 0                              | 0                                   | 0                        |
| Billy Hix                          | 1.00                   | ļ                                 |                       |         |              |                              |        |                                |                                     |                          |
| Secretary Treasurer                | 0.00                   |                                   |                       | ~       |              |                              |        | 0                              | 0                                   | 0                        |
|                                    |                        | -                                 |                       |         |              |                              |        |                                |                                     |                          |
|                                    |                        |                                   |                       |         |              |                              |        |                                |                                     |                          |
|                                    |                        | -                                 |                       |         |              |                              |        |                                |                                     |                          |
|                                    |                        |                                   |                       |         |              |                              |        |                                |                                     | 000                      |

| Part VII Section A. Officers, Directors,   | Frustees,   | Key                               | Emj  | oloy    | yee          | s, an                        | d⊦     | lighest Compe   | ensated E  | mplo           | yees (d               | contir                                  | nued)         |
|--|---|-----------------------------------|--|---------|--------------|------------------------------|--------|---|--|----------------|-----------------------|---|---------------|
| (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours  | box,                              | <b>(C)</b><br>Position<br>do not check more thar<br>box, unless person is bo<br>officer and a director/tru |         |              |                              |        | <b>(D)</b><br>Reportable<br>compensation                  | <b>(E)</b><br>Reportal<br>compensa               | ation          | 0                     | <b>(F)</b><br>ted am<br>f other         |               |
|  | per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former | from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | from rela<br>organization:<br>1099-MI<br>1099-NE | s (W-2/<br>SC/ | fr                    | pensati<br>om the<br>ization<br>organiz | and           |
|  |   | -                                 |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   | -                                 |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   | -                                 |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   | -                                 |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   | -                                 |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
| 1b       Subtotal       Subtotal       Subtotal         c       Total from continuation sheets to Part   | VII. Sectio   | <br>on A                          |  |         | <br>         |                              | •      | 578,079   |  | 0              |                       | 10                                      | 1,530         |
| al — Tradiel / and al Record allocated a | but not   |                                   |  |         |              |                              | ed     | 578,079<br>above) who re<br>3                             | eceived m  | 0<br>Iore t    | han \$1               |   | 1,530<br>00 o |
| <b>3</b> Did the organization list any <b>former</b> employee on line 1a? <i>If "Yes," complete</i>  |   |                                   |  |         |              |                              | -      | oyee, or highes   |  |                | 3                     | Yes                                     | No<br>✓       |
| 4 For any individual listed on line 1a, is the organization and related organizations <i>individual</i>  | greater th  | an \$                             | 150,   | 000     | )? /:        | f "Yes                       | s,"    | complete Schee  |  |                |                       | ~                                       |               |
| 5 Did any person listed on line 1a receive of for services rendered to the organization  | or accrue co  | ompe                              | nsat   | tion    | froi         | n any                        | un     | related organiza  |  |                |                       |   | ~             |
| Section B. Independent Contractors   |   |                                   | a.cl   |         |              |                              |        |   | a a b cart                                       |                | ha:- ^                |   | 20            |
| 1 Complete this table for your five high compensation from the organization. Rep   |   |                                   |  |         |              |                              |        | ar ending with or   |  |                | ization'              |   |               |
| (A)<br>Name and business add   | Iress   |                                   |  |         |              |                              |        | (B)<br>Description of serv                                | vices  | C              | <b>(C)</b><br>Compens | ation                                   |               |
| None   |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   |  |                |                       |   |               |
|  |   |                                   |  |         |              |                              |        |   | 1  |                |                       |   |               |

| 2 | Total number of independent contractors (including but not limited to those listed above) who |  |
|---|---|--|
|   | received more than \$100,000 of compensation from the organization                            |  |

Part VIII Statement of Revenue

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

|  |         |   |               | 1                           |  |   |   |
|--|---------|---|---------------|-----------------------------|--|---|---|
|  |         |   |               | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
| Contributions, Gifts, Grants,<br>and Other Similar Amounts | 1a      | Federated campaigns 1   | a (           | D                           |  |   |   |
|  | b       | Membership dues 1   | b (           | D                           |  |   |   |
|  | С       | Fundraising events 1  | c (           | D                           |  |   |   |
|  | d       | Related organizations 1   | d (           | D                           |  |   |   |
|  | е       | Government grants (contributions) 1   | e 9,202,49    | 5                           |  |   |   |
|  | f       | All other contributions, gifts, grants,   |               |                             |  |   |   |
| utic   |         | and similar amounts not included above  | f 4,772,699   | 9                           |  |   |   |
| ē Đ  | g       | Noncash contributions included in   |               |                             |  |   |   |
| ont<br>nd  |         |   | g \$ 2,500    | D                           |  |   |   |
| <u>o</u> a   | h       | Total. Add lines 1a-1f  |               | 13,975,194                  |  |   |   |
| Program Service<br>Revenue                                 | -       |   | Business Code |                             |  |   |   |
|  | 2a      | Loan Interest, Origination fees   | 522291        | 850,299                     | 850,299                                      | 0   | 0   |
| ue n   | b       | Fee for Service Contracts - Business Co   |               | 273,518                     | 273,518                                      | 0   | 0   |
| jram Ser<br>Revenue  | С       | Mobile Home Rents   | 531110        | 100,305                     | 100,305                                      | 0   | 0   |
| rar<br>7ev   | d       |   |               |                             |  |   |   |
| бó, п  | e       | A.U   |               |                             |  |   |   |
| ā  | f       | All other program service revenue .   |               | 0                           | 0  | 0   | 0   |
|  | <br>3   | Total. Add lines 2a–2f  |               | 1,224,122                   |  |   |   |
|  | 3       |   |               |                             | 2/2.24/                                      | _   | _   |
|  | 4       | Income from investment of tax-exempt  |               | 263,346                     | 263,346                                      | 0   | 0   |
|  | 4<br>5  | Develting.  | bond proceeds | 0                           | 0  | 0   | 0   |
|  | 5       | Royalties         . | (ii) Personal | 0                           | 0  | 0   | 0   |
|  | 6a      | Gross rents 6a  |               | <br>D                       |  |   |   |
|  | b       | Less: rental expenses <b>6b</b>   |               | 0                           |  |   |   |
|  | c       | Rental income or (loss) 6c  |               | 0                           |  |   |   |
|  | d       | Net rental income or (loss)   |               | 0                           | 0  | 0   | 0   |
|  | 7a      | Gross amount from (i) Securities  | (ii) Other    | 0                           |  |   | 0   |
|  |         | sales of assets   |               | -                           |  |   |   |
|  |         | other than inventory <b>7a</b>  |               |                             |  |   |   |
| Ð  | b       | Less: cost or other basis   |               | -                           |  |   |   |
| Revenue  |         | and sales expenses . 7b   |               |                             |  |   |   |
| eve  | с       | Gain or (loss) 7c   | 0             | D                           |  |   |   |
| <u> </u>   | d       | Net gain or (loss)  |               |                             |  |   |   |
| Othe   | 8a      | Gross income from fundraising   |               |                             |  |   |   |
| ō  |         | events (not including \$0   |               |                             |  |   |   |
|  |         | of contributions reported on line   |               |                             |  |   |   |
|  |         | 1c). See Part IV, line 18 8   | a             |                             |  |   |   |
|  | b       | Less: direct expenses 8   | -             |                             |  |   |   |
|  | С       | Net income or (loss) from fundraising e   | vents         |                             |  |   |   |
|  | 9a      | Gross income from gaming  |               |                             |  |   |   |
|  |         | activities. See Part IV, line 19 . 9  | -             | _                           |  |   |   |
|  | b       | Less: direct expenses 9   |               |                             |  |   |   |
|  | C       | Net income or (loss) from gaming activ  | ities         |                             |  |   |   |
|  | 10a     | Gross sales of inventory, less returns and allowances 10  |               |                             |  |   |   |
|  |         |   | -             | _                           |  |   |   |
|  |         | Less: cost of goods sold <b>10</b>  |               |                             |  |   |   |
|  | С       | Net income or (loss) from sales of inve   | Business Code |                             |  |   |   |
| Miscellaneous<br>Revenue                                   | 11a     |   |               |                             |  |   |   |
| scellaneo<br>Revenue                                       | na<br>b |   |               |                             |  |   |   |
| slla<br>ver  | с<br>С  |   |               |                             |  |   |   |
| Re   | d       | All other revenue   |               | 22,738                      | 22,738                                       | 0   | 0   |
| Σ  | e       | <b>Total.</b> Add lines 11a–11d   | L             | 22,738                      |  | 0   | 0   |
|  | 12      | Total revenue. See instructions   |               | 15,485,400                  |  | 0   | 0   |
|  |         |   |               | 10,100,100                  | 1,010,200                                    | v v   | Eorm <b>990</b> (2022)  |

|          | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a response  |                       |   |  |                                       |
|----------|--|-----------------------|---|--|---------------------------------------|
|          | t include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0                     | 0   |  |                                       |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22  | 120,230               | 120,230                                   |  |                                       |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 0                     | 0   |  |                                       |
| 4<br>5   | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees   | 0                     | 0   |  |                                       |
| 6        | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .   | 268,134               | 58,801                                    | 209,333  |                                       |
| 7        | Other salaries and wages   | 6,534,159             | 5,829,509                                 | 704,650  |                                       |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 351,878               | 291,293                                   | 60,585   |                                       |
| 9        | Other employee benefits  | 755,609               | 653,667                                   | 101,942  |                                       |
| 10       | Payroll taxes  | 519,943               | 451,504                                   | 68,439   |                                       |
| 11<br>a  | Fees for services (nonemployees): Management   | 0                     | 0   | 0  |                                       |
| b        | Legal  | 18,366                | 6,518                                     | 11,848   |                                       |
| С        | Accounting   | 225,922               | 0   | 225,922  |                                       |
| d        | Lobbying   | 54,575                | 0   | 54,575   |                                       |
| е        | Professional fundraising services. See Part IV, line 17  | 0                     |   |  |                                       |
| f<br>g   | Investment management fees   | 0                     | 0   | 0  |                                       |
|          | (A), amount, list line 11g expenses on Schedule O.) .  | 473,689               | 320,195                                   | 153,494  |                                       |
| 12       | Advertising and promotion  | 30,865                | 29,995                                    | 870  |                                       |
| 13       |  | 954,848               | 749,475                                   | 205,373  |                                       |
| 4<br> 5  | Information technology   | 0                     | 0   | 0  |                                       |
| 15<br>16 | Royalties  | 146,231               | 0<br>115,726                              | 0 30,505   |                                       |
| 17       |  | 628.884               | 589.058                                   | 39,826   |                                       |
| 18       | Payments of travel or entertainment expenses<br>for any federal, state, or local public officials  | 020,004               | 0   | 0  |                                       |
| 19       | Conferences, conventions, and meetings .   | 276,581               | 220,178                                   | 56,403   |                                       |
| 20       | Interest   | 105,387               | 105,387                                   | 0  |                                       |
| 21       | Payments to affiliates   | 0                     | 0   | 0  |                                       |
| 22       | Depreciation, depletion, and amortization .  | 70,069                | 37,976                                    | 32,093   |                                       |
| 23       | Insurance  | 107,068               | 76,883                                    | 30,185   |                                       |
| 24       | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column<br>(A), amount, list line 24e expenses on Schedule O.)         |                       |   |  |                                       |
| а        | Organizational Dues  | 12,751                | 11,335                                    | 1,416  |                                       |
| b        | Bad Debts  | 341,947               | 341,947                                   | 0  |                                       |
| c<br>d   | Loan Records   | 272,610               | 272,610                                   | 0  |                                       |
| е        | All other expenses   | 42,731                | 28,733                                    | 13,998   |                                       |
| 25       | Total functional expenses. Add lines 1 through 24e   | 12,312,477            | 10,311,020                                | 2,001,457  |                                       |
| 26       | <b>Joint costs.</b> 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) |                       |   |  |                                       |

Form 990 (2022)

|               | n 990 (20 |  |                          |        | Page 11                       |
|---------------|-----------|--|--------------------------|--------|-------------------------------|
| P             | art X     |  | art V                    |        |                               |
|               |           | Check if Schedule O contains a response or note to any line in this Pa   | (A)<br>Beginning of year |        | ••••••□<br>(B)<br>End of year |
|               | 1         | Cash—non-interest-bearing  | 12,948,241               | 1      | 19,030,391                    |
|               | 2         | Savings and temporary cash investments   | 0                        | 2      | 0                             |
|               | 3         | Pledges and grants receivable, net   | 0                        | 3      | 0                             |
|               | 4         | Accounts receivable, net   | 1,425,255                | 4      | 2,027,651                     |
|               | 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      |                          | 5      |                               |
|               | 6         | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  | 0                        | 5<br>6 | 0                             |
| s             | 7         | Notes and loans receivable, net  | 11,286,022               | 7      | 14,086,236                    |
| Assets        | 8         |  | 0                        | 8      | 14,080,230                    |
| Ass           | 9         | Prepaid expenses and deferred charges  | 31,593                   | 9      | 96,817                        |
|               | 10a       | Land, buildings, and equipment: cost or other  | 51,373                   | J      | 70,017                        |
|               |           | basis. Complete Part VI of Schedule D <b>10a</b>   |                          |        |                               |
|               | b         | Less: accumulated depreciation <b>10b</b> 957,967  |                          | 10c    | 991,906                       |
|               | 11        | Investments—publicly traded securities   | 0                        | 11     | 0                             |
|               | 12        | Investments—other securities. See Part IV, line 11   | 90,717                   | 12     | 760,000                       |
|               | 13        | Investments-program-related. See Part IV, line 11  | 0                        | 13     | 0                             |
|               | 14        | Intangible assets  | 0                        | 14     | 0                             |
|               | 15        | Other assets. See Part IV, line 11   | 0                        |        | 0                             |
|               | 16        | Total assets. Add lines 1 through 15 (must equal line 33)  | 26,843,803               |        | 36,993,001                    |
|               | 17        | Accounts payable and accrued expenses  | 401,565                  | 17     | 487,664                       |
|               | 18        | Grants payable   | 0                        | 18     | 0                             |
|               | 19        | Deferred revenue   | 3,103,115                | 19     | 3,175,027                     |
|               | 20        | Tax-exempt bond liabilities  | 0                        | 20     | 0                             |
|               | 21        | Escrow or custodial account liability. Complete Part IV of Schedule D.   | -30,981                  | 21     | -48,295                       |
| Liabilities   | 22        | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                          |        |                               |
| iab           |           | controlled entity or family member of any of these persons   | 0                        |        | 0                             |
|               | 23        | Secured mortgages and notes payable to unrelated third parties   | 1,878,528                |        | 1,714,104                     |
|               | 24<br>25  | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | 4,115,000                | 24     | 11,115,000                    |
|               |           | of Schedule D  |                          | 25     |                               |
|               | 26        | Total liabilities. Add lines 17 through 25   | 9,467,227                | 26     | 16,443,500                    |
| Fund Balances |           | Organizations that follow FASB ASC 958, check here v<br>and complete lines 27, 28, 32, and 33.   |                          |        |                               |
| alaı          | 27        | Net assets without donor restrictions  | 17,376,576               | 27     | 20,549,501                    |
| Ä             | 28        | Net assets with donor restrictions   | 0                        | 28     | 0                             |
| , Func        |           | Organizations that do not follow FASB ASC 958, check here in and complete lines 29 through 33.   |                          |        |                               |
| 0             | 29        | Capital stock or trust principal, or current funds   |                          | 29     |                               |
| iets          | 30        | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 30     |                               |
| Ass           | 31        | Retained earnings, endowment, accumulated income, or other funds .   |                          | 31     |                               |
| Net Assets or | 32        | Total net assets or fund balances  | 17,376,576               | 32     | 20,549,501                    |
| Ž             | 33        | Total liabilities and net assets/fund balances   | 26,843,803               | 33     | 36,993,001                    |

Form **990** (2022)

| orm 99 | 90 (2022)   |        |        |    | Pa     | ige <b>12</b> |
|--------|---|--------|--------|----|--------|---------------|
| Pari   | 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      |        |    |        | 5,400         |
| 2      | Total expenses (must equal Part IX, column (A), line 25)  | 2      |        |    |        | 2,477         |
| 3      | Revenue less expenses. Subtract line 2 from line 1  | 3      |        |    |        | 2,923         |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4<br>5 |        |    | 17,37  | 6,576         |
| 5<br>6 | Net unrealized gains (losses) on investments  | 5<br>6 |        |    |        | 0             |
| 0<br>7 |   | 0<br>7 |        |    |        | 0             |
| 7<br>8 |   | 8      |        |    |        | 0             |
| o<br>9 | Prior period adjustments  | 0<br>9 |        |    |        | 0             |
| 9      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  | 9      |        |    |        | 2             |
| U      | 32, column (B))   | 10     |        |    | 20 E 4 | 9,501         |
| art    | XII Financial Statements and Reporting  | 10     |        |    | 20,34  | 9,301         |
| on e   | Check if Schedule O contains a response or note to any line in this Part XII  |        |        |    |        |               |
|        |   |        |        |    | Yes    | No            |
| 1      | Accounting method used to prepare the Form 990: Cash Accrual Other<br>If the organization changed its method of accounting from a prior year or checked "Other," ex<br>Schedule O.  | kplain | on     |    |        |               |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were cor<br>reviewed on a separate basis, consolidated basis, or both: |        |        | 2a |        | ~             |
|        | Separate basis Consolidated basis Both consolidated and separate basis  |        |        |    |        |               |
| b      | Were the organization's financial statements audited by an independent accountant?  |        | . [    | 2b | ~      |               |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:  | ted o  | na     |    |        |               |
|        | 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  | ersigh | t of 🛛 |    |        |               |
|        | the audit, review, or compilation of its financial statements and selection of an independent accounta  | ant?   | .      | 2c | ~      |               |
|        | If the organization changed either its oversight process or selection process during the tax year, e Schedule O.  | xplain | on     |    |        |               |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |        |        | 3a | ~      |               |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not und<br>required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a  |        |        | 3b | ~      |               |

Form **990** (2022)

SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

| Department of the Treasur | у |
|---------------------------|---|
| Internal Revenue Service  |   |

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.

| <b>Open to Public</b> |
|-----------------------|
| Inspection            |

# Name of the organization

Employer identification number

71-0464321

| ITIES UNLIMITED INC |  |  |
|---------------------|--|--|

Part I 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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.)
- 11 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 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.
  - 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.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . .
  - g Provide the following information about the supported organization(s)

| g                                  |   |  |               |                                       |   |   |  |  |  |
|------------------------------------|---|--|---------------|---------------------------------------|---|---|--|--|--|
| (i) Name of supported organization | supported organization (ii) EIN (iii) Type of organiz<br>(described on lines<br>above (see instruct |  | listed in you | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |  |  |
|                                    |   |  | Yes           | No                                    |   |   |  |  |  |
| (A)                                |   |  |               |                                       |   |   |  |  |  |
| (B)                                |   |  |               |                                       |   |   |  |  |  |
| (C)                                |   |  |               |                                       |   |   |  |  |  |
| (D)                                |   |  |               |                                       |   |   |  |  |  |
| (E)                                |   |  |               |                                       |   |   |  |  |  |
| Total                              |   |  |               |                                       |   |   |  |  |  |

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.)

| Secti       | on A. Public Support  |                                    |                                  |                                  | •                                 | ,                                       |                                  |
|-------------|---|------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---|----------------------------------|
| Calen       | dar year (or fiscal year beginning in)  | <b>(a)</b> 2018                    | <b>(b)</b> 2019                  | <b>(c)</b> 2020                  | <b>(d)</b> 2021                   | (e) 2022                                | <b>(f)</b> Total                 |
| 1           | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | 6,392,855                          | 7,429,214                        | 10,530,532                       | 9,180,615                         | 13,975,194                              | 47,508,410                       |
| 2           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | 0                                  | 0                                | 0                                | 0                                 | 0                                       | 0                                |
| 3           | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   | 0                                  | 0                                | 0                                | 0                                 | 0                                       | 0                                |
| 4           | <b>Total.</b> Add lines 1 through 3   | 6,392,855                          | 7,429,214                        | 10,530,532                       | 9,180,615                         | 13,975,194                              | 47,508,410                       |
| 5           | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f)  |                                    |                                  |                                  |                                   |   |                                  |
| 6           | Public support. Subtract line 5 from line 4   |                                    |                                  |                                  |                                   |   | <u> </u>                         |
|             | on B. Total Support   |                                    |                                  |                                  |                                   |   | 47,300,410                       |
|             | dar year (or fiscal year beginning in)  | (a) 2018                           | <b>(b)</b> 2019                  | (c) 2020                         | (d) 2021                          | (e) 2022                                | (f) Total                        |
| 7           | Amounts from line 4   | 6,392,855                          | 7,429,214                        | 10,530,532                       | 9,180,615                         | 13,975,194                              | 47,508,410                       |
| 8           | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources  | 38,000                             | 21,760                           | 10,949                           | 18,260                            | 263,346                                 | 352,315                          |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on  | 0                                  | 0                                | 0                                | 0                                 | 0                                       | 0                                |
| 10          | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   | -16,422                            | -24,137                          | -37,095                          | -23,589                           | 22,738                                  | -78,505                          |
| 11          | Total support. Add lines 7 through 10   |                                    |                                  |                                  |                                   |   | 47,782,220                       |
| 12          | Gross receipts from related activities, etc   |                                    |                                  |                                  |                                   | 12                                      | 11,243,908                       |
| 13<br>Secti | First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support  | re                                 |                                  |                                  | -                                 | ear as a sectio                         |                                  |
| 14          | Public support percentage for 2022 (line  |                                    |                                  | 11. column (fl)                  |                                   | 14                                      | 99.43 %                          |
| 15          | Public support percentage from 2021 Scl   |                                    | -                                |                                  |                                   | 15                                      | 99.93 %                          |
| 16a         | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2022.</b> If the organ box and <b>stop here</b> . The organization qua   |                                    |                                  |                                  |                                   | ,                                       |                                  |
| b           | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2021.</b> If the organi this box and <b>stop here</b> . The organization   |                                    |                                  |                                  |                                   |   |                                  |
| 17a         | 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 organization |                                    |                                  |                                  |                                   |   |                                  |
| b           | <b>10%-facts-and-circumstances test—2</b><br>15 is 10% or more, and if the organization<br>in Part VI how the organization meets the<br>organization  | on meets the fa<br>e facts-and-cir | icts-and-circur<br>cumstances te | nstances test,<br>st. The organi | check this bo<br>zation qualifies | x and <b>stop he</b><br>s as a publicly | <b>re</b> . Explain<br>supported |
| 18          | Private foundation. If the organization instructions  | did not check                      | a box on line                    | 13, 16a, 16b                     | , 17a, or 17b,                    | check this bo                           | x and see                        |
|             |   |                                    |                                  |                                  |                                   |   | A (Form 990) 2022                |

## 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.)

| Secti | on A. Public Support   |                       |                 |                   |                    |                 |               |
|-------|--|-----------------------|-----------------|-------------------|--------------------|-----------------|---------------|
| Calen | dar year (or fiscal year beginning in)   | <b>(a)</b> 2018       | <b>(b)</b> 2019 | (c) 2020          | (d) 2021           | <b>(e)</b> 2022 | (f) Total     |
| 1     | Gifts, grants, contributions, and membership fees                                  |                       |                 |                   |                    |                 |               |
|       | received. (Do not include any "unusual grants.")                                   |                       |                 |                   |                    |                 |               |
| 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 |                       |                 |                   |                    |                 |               |
| 3     | Gross receipts from activities that are not an                                     |                       |                 |                   |                    |                 |               |
| Ŭ     | 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   |                       |                 |                   |                    |                 |               |
| 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  |                       |                 |                   |                    |                 |               |
| с     | Add lines 7a and 7b  |                       |                 |                   |                    |                 |               |
| 8     | Public support. (Subtract line 7c from   |                       |                 |                   |                    |                 |               |
| Ŭ     |  |                       |                 |                   |                    |                 |               |
| Socti | on B. Total Support  |                       |                 |                   |                    |                 |               |
| -     |  | (-) 0010              | (1-) 0010       | (-) 0000          | (4) 0001           | (-) 0000        |               |
|       | dar year (or fiscal year beginning in)   | (a) 2018              | (b) 2019        | (c) 2020          | (d) 2021           | (e) 2022        | (f) Total     |
| 9     | Amounts from line 6  |                       |                 |                   |                    |                 |               |
| 10a   | Gross income from interest, dividends,   |                       |                 |                   |                    |                 |               |
|       | payments received on securities loans, rents,                                      |                       |                 |                   |                    |                 |               |
|       | royalties, and income from similar sources .                                       |                       |                 |                   |                    |                 |               |
| b     | Unrelated business taxable income (less  |                       |                 |                   |                    |                 |               |
|       | section 511 taxes) from businesses   |                       |                 |                   |                    |                 |               |
|       | acquired after June 30, 1975   |                       |                 |                   |                    |                 |               |
| С     | Add lines 10a and 10b  |                       |                 |                   |                    |                 |               |
| 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   |                       |                 |                   |                    |                 |               |
|       | (Explain in Part VI.)  |                       |                 |                   |                    |                 |               |
| 13    | Total support. (Add lines 9, 10c, 11,  |                       |                 |                   |                    |                 |               |
| 10    | and 12.)   |                       |                 |                   |                    |                 |               |
| 14    | <b>First 5 years.</b> If the Form 990 is for the                                   | organization'         | la first socond | third fourth      | or fifth tax yo    | ar ac a cod     | ion 501(0)(3) |
| 14    | organization, check this box and <b>stop he</b>                                    | •                     |                 |                   | •                  |                 |               |
| Costi |  |                       |                 |                   |                    |                 |               |
|       | on C. Computation of Public Suppor   |                       | ·               | 10 1 (0)          |                    | 45              | 0/            |
| 15    | Public support percentage for 2022 (line   |                       |                 |                   |                    | 15              | %             |
| 16    | Public support percentage from 2021 Scl  |                       |                 |                   |                    | 16              | %             |
|       | on D. Computation of Investment In   |                       | -               |                   |                    |                 |               |
| 17    | Investment income percentage for 2022 (  |                       |                 | -                 |                    | 17              | %             |
| 18    | Investment income percentage from 202  |                       |                 |                   |                    | 18              | %             |
| 19a   | 331/3% support tests-2022. If the organ  |                       |                 |                   |                    |                 |               |
|       | 17 is not more than $33^{1/3}$ %, check this box                                   | -                     | -               | -                 |                    | -               |               |
| b     | 331/3% support tests-2021. If the organiz  |                       |                 |                   |                    |                 |               |
|       | line 18 is not more than $33^{1/3}$ %, check this                                  | box and <b>stop ł</b> | nere. The organ | ization qualifies | s as a publicly su | pported org     | anization .   |
| 20    | Private foundation. If the organization di   | d not check a         | box on line 14  | , 19a, or 19b,    | check this box a   | and see inst    | ructions .    |
|       |  |                       |                 |                   |                    |                 |               |

Schedule A (Form 990) 2022

#### 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.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- **c** 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.
- **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.
- **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.
- **c** 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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 regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.*
- **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? *If "Yes," provide detail in Part VI.*
- **c** 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.*
- **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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 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.

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.

#### Section C. Type II Supporting Organizations

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).

#### Section 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.

#### Section 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 instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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? *If "Yes" or "No," provide details in Part VI.*
- **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.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gani   | zations                  |                                |
|------|--|--------|--------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying<br>instructions. All other Type III non-functionally integrated supporting organ   |        |                          | ions A through E.              |
| Sect | ion A—Adjusted Net Income  |        | (A) Prior Year           | (B) Current Year<br>(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<br>of gross income or for management, conservation, or maintenance of<br>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<br>(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    | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |        |                          |                                |
| 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    | <b>Distributable Amount.</b> 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-function   | allv i | ntegrated Type III suppo | rting organization             |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

| Schedu   | le A (Form 990) 2022  |                             |  | Page <b>7</b>                             |
|----------|---|-----------------------------|--|---|
| Part     | V Type III Non-Functionally Integrated 509(a)(3   | B) Supporting Organi        | zations (continued)                    |   |
| Sect     | on D-Distributions  |                             |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish e   | exempt purposes             | 1                                      |   |
| 2        | Amounts paid to perform activity that directly furthers exe   | empt purposes of suppo      | orted                                  |   |
|          | organizations, in excess of income from activity  |                             | 2                                      |   |
| 3        | Administrative expenses paid to accomplish exempt purp  | oses of supported orga      | inizations 3                           |   |
| 4        | Amounts paid to acquire exempt-use assets   |                             | 4                                      |   |
| 5        | Qualified set-aside amounts (prior IRS approval required-   | •                           | · · · · · · · · · · · · · · · · · · ·  |   |
|          | Other distributions (describe in <b>Part VI</b> ). See instructions.  |                             | 6                                      |   |
| 7 8      | <b>Total annual distributions.</b> Add lines 1 through 6.   | h the everesimetics is use  | 7                                      |   |
| 0        | Distributions to attentive supported organizations to whic<br>(provide details in <b>Part VI</b> ). See instructions.   | in the organization is res  | 8 sponsive                             |   |
| 9        | Distributable amount for 2022 from Section C, line 6  |                             | 9                                      |   |
| 10       | Line 8 amount divided by line 9 amount  |                             | 10                                     |   |
| Sect     | on E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
| 1        | Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| 2        | Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| 3        | Excess distributions carryover, if any, to 2022   |                             |  |   |
| а        | From 2017   |                             |  |   |
| b        | From 2018   |                             |  |   |
| C        | From 2019   |                             |  |   |
| d        | From 2020   |                             |  |   |
| e        | From 2021   |                             |  |   |
| f        | Total of lines 3a through 3e  |                             |  |   |
| <u> </u> | Applied to underdistributions of prior years  |                             |  |   |
| <u>h</u> | Applied to 2022 distributable amount  |                             |  |   |
| i        | Carryover from 2017 not applied (see instructions)  |                             |  |   |
|          | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4        | Distributions for 2022 from<br>Section D, line 7: \$  |                             |  |   |
| а        | Applied to underdistributions of prior years  |                             |  |   |
| b        | Applied to 2022 distributable amount  |                             |  |   |
| C        | Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5        | Remaining underdistributions for years prior to 2022, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| 6        | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.                       |                             |  |   |
| 7        | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                             |  |   |
| 8        | Breakdown of line 7:  |                             |  |   |
| а        | Excess from 2018  |                             |  |   |
| b        | Excess from 2019  |                             |  |   |
| С        | Excess from 2020  |                             |  |   |
| d        | Excess from 2021  |                             |  |   |
| e        | Excess from 2022  |                             |  |   |

Schedule A (Form 990) 2022

| Schedule A (Form 990) 2022 |   |          |  |  |  |  |
|----------------------------|---|----------|--|--|--|--|
| Part VI                    | <b>Supplemental Information.</b> 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, 2 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | ı<br>2b, |  |  |  |  |
| Schedule A                 | , Part II, Line 10 - miscellaneous income of \$22,738.  |          |  |  |  |  |
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(5)

(6)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.



Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name | of organization                                       |   |  | Employer ide  | entification number   |
|------|---|---|--|---|---|
| COMN | NUNITIES UNLIMITED INC                                |   |  |   | 71-0464321  |
| Part | I-A Complete if the                                   | e organization is exempt und  | er section 501(d                         | c) or is a section 527  | organization.   |
| 1    | Provide a description of definition of "political can | the organization's direct and in npaign activities."  | direct political ca                      | mpaign activities in Pa   | rt IV. See instructions for   |
| 2    |   | y expenditures. See instructions .  |  |   | \$  |
| 3    | Volunteer hours for politic                           | cal campaign activities. See instruc  | ctions                                   |   |   |
| Part |   | e organization is exempt unde   |  |   |   |
| 1    | Enter the amount of any                               | excise tax incurred by the organiza   | ation under section                      | n 4955  | \$  |
| 2    | Enter the amount of any                               | excise tax incurred by organization   | n managers under                         | section 4955  | \$  |
| 3    | If the organization incurre                           | ed a section 4955 tax, did it file For  | m 4720 for this ye                       | ear?  | 🗌 Yes 🗌 No  |
| 4a   | Was a correction made?                                |   |  |   | 🗍 Yes 🦳 No  |
| b    | If "Yes," describe in Part                            |   |  |   |   |
| Part | I-C Complete if the                                   | e organization is exempt unde   | er section 501(d                         | c), except section 50   | 1(c)(3).  |
| 1    |   | ly expended by the filing organiz   |  |   | \$  |
| 2    | Enter the amount of the                               | filing organization's funds contrib<br>vities   | uted to other org                        | anizations for section  | \$  |
| 3    |   | expenditures. Add lines 1 and 2.  |  | •   | \$  |
| 4    | Did the filing organization                           | file Form 1120-POL for this year?   | ?  |   | 🗌 Yes 🗌 No  |
| 5    | organization made payme<br>the amount of political co | ses and employer identification nur<br>ents. For each organization listed, on<br>ontributions received that were pro-<br>fund or a political action committee | enter the amount  <br>mptly and directly | paid from the filing orga<br>delivered to a separate                      | nization's funds. Also enter political organization, such   |
|      | <b>(a)</b> Name                                       | <b>(b)</b> Address  | <b>(c)</b> EIN                           | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0 | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |
| (1)  |   |   |  |   |   |
| (2)  |   |   |  |   |   |
| (3)  |   |   |  |   |   |
| (4)  |   |   |  |   |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990) 2022

| Sch | edu | le C (Form 990) 2022   |   |                       | Page <b>2</b>  |
|-----|-----|--|---|-----------------------|----------------|
| Pa  | rt  | II-A Complete if the organization section 501(h)).                                 | is exempt under section 501(c)(3) and file  | d Form 5768 (eleo     | ction under    |
| Α   | Cł  | neck if the filing organization belongs to<br>EIN, expenses, and share of exces    | an affiliated group (and list in Part IV each affiliate<br>ss lobbying expenditures). | ed group member's     | name, address, |
| В   | Cł  | neck 🔲 if the filing organization checked b  | box A and "limited control" provisions apply.   |                       |                |
|     |     | Limits on Lobby  | /ing Expenditures   | (a) Filing            | (b) Affiliated |
|     |     | (The term "expenditures" me  | ans amounts paid or incurred.)  | organization's totals | group totals   |
| 1   | а   | Total lobbying expenditures to influence   | oublic opinion (grassroots lobbying)  |                       |                |
|     | b   | Total lobbying expenditures to influence a   | a legislative body (direct lobbying)  |                       |                |
|     | С   | Total lobbying expenditures (add lines 1a  | and 1b)   |                       |                |
|     | d   | Other exempt purpose expenditures  |   |                       |                |
|     | е   | Total exempt purpose expenditures (add   | lines 1c and 1d)  |                       |                |
|     | f   | Lobbying nontaxable amount. Enter the columns.                                     | he amount from the following table in both  |                       |                |
|     |     | If the amount on line 1e, column (a) or (b) is:                                    | The lobbying nontaxable amount is:  |                       |                |
|     |     | Not over \$500,000   | 20% of the amount on line 1e.   |                       |                |
|     |     | Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.                                      |                       |                |
|     |     | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.                                    |                       |                |
|     |     | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.                                     |                       |                |
|     |     | Over \$17,000,000  | \$1,000,000.  |                       |                |
|     | g   | Grassroots nontaxable amount (enter 259  |   |                       |                |
|     | h   | Subtract line 1g from line 1a. If zero or les                                      | ss, enter -0  |                       |                |
|     | i   | Subtract line 1f from line 1c. If zero or les                                      | s, enter -0   |                       |                |
|     | j   | If there is an amount other than zero or reporting section 4911 tax for this year? | on either line 1h or line 1i, did the organization                                    | file Form 4720        | Yes 🗌 No       |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

|    | Lobbying Expenditures During 4-Year Averaging Period       |                 |                 |                 |                  |                  |  |  |  |
|----|--|-----------------|-----------------|-----------------|------------------|------------------|--|--|--|
|    | Calendar year (or fiscal year beginning in)                | <b>(a)</b> 2019 | <b>(b)</b> 2020 | <b>(c)</b> 2021 | ( <b>d)</b> 2022 | <b>(e)</b> Total |  |  |  |
| 2a | Lobbying nontaxable amount                                 |                 |                 |                 |                  |                  |  |  |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column (e))   |                 |                 |                 |                  |                  |  |  |  |
| с  | Total lobbying expenditures                                |                 |                 |                 |                  |                  |  |  |  |
| d  | Grassroots nontaxable amount                               |                 |                 |                 |                  |                  |  |  |  |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                  |                  |  |  |  |
| f  | Grassroots lobbying expenditures                           |                 |                 |                 |                  |                  |  |  |  |

Schedule C (Form 990) 2022

| 1 D<br>le<br>re<br>a Vo<br>b Pa<br>c M<br>d M<br>e Pa<br>f G<br>g D<br>h Ra<br>i O<br>j To<br>2a D<br>b If<br>c If   | h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed tion of the lobbying activity. uring the year, did the filing organization attempt to influence foreign, national, state, or local gislation, including any attempt to influence public opinion on a legislative matter or offerendum, through the use of: olunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? ledia advertisements? allings to members, legislators, or the public? ublications, or published or broadcast statements? irrect contact with legislators, their staffs, government officials, or a legislative body? allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? otal. Add lines 1c through 1i if the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912 "Yes," enter the amount of any tax incurred by organization managers under section 4912 | Yes<br><i>v</i><br><i>v</i>            | No<br>2<br>2<br>2<br>2<br>2<br>3<br>2<br>4<br>2<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4 | Ar         | nount<br>17,80      |
|--|--|--|--|------------|---------------------|
| le<br>re<br>a V<br>b P<br>c M<br>d M<br>e P<br>f G<br>g D<br>h R<br>i<br>0<br>j T<br>c<br>2a D<br>b If<br>c If   | agislation, including any attempt to influence public opinion on a legislative matter or offerendum, through the use of:         olunteers?  |  | ン<br>ン<br>ン<br>ン   |            | 17,80               |
| le<br>re<br>a V<br>b P<br>c M<br>d M<br>e P<br>f G<br>g D<br>h R<br>i<br>0<br>j T<br>c<br>2a D<br>b If<br>c If   | agislation, including any attempt to influence public opinion on a legislative matter or offerendum, through the use of:         olunteers?  |  | ン<br>ン<br>ン<br>ン   |            | 17,80               |
| a Va<br>b Pa<br>c M<br>d M<br>e Pa<br>f G<br>f G<br>f G<br>f G<br>f G<br>f C<br>j Ta<br>2a D<br>b If<br>c If   | olunteers?   |  | ン<br>ン<br>ン<br>ン   |            | 17,80               |
| b       P:         c       M         d       M         e       P:         f       G         g       D         h       R:         j       To         2a       D         b       If         c       If | aid staff or management (include compensation in expenses reported on lines 1c through 1i)?         ledia advertisements?         lailings to members, legislators, or the public?         ublications, or published or broadcast statements?         irrants to other organizations for lobbying purposes?         irrect contact with legislators, their staffs, government officials, or a legislative body?         allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         otal. Add lines 1c through 1i         id the activities in line 1 cause the organization to be not described in section 501(c)(3)?         "Yes," enter the amount of any tax incurred under section 4912         "Yes," enter the amount of any tax incurred by organization managers under section 4912   |  | ン<br>ン<br>ン<br>ン   |            | 17,80               |
| c M<br>d M<br>e P<br>f G<br>g D<br>h R<br>i O<br>j T<br>c<br>2a D<br>b If<br>c If  | Idedia advertisements?   |  | ン<br>ン<br>ン  |            | 17,80               |
| <ul> <li>d M</li> <li>e P</li> <li>f G</li> <li>g D</li> <li>h R</li> <li>i O</li> <li>j T</li> <li>2a D</li> <li>b If</li> <li>c If</li> </ul>  | Iailings to members, legislators, or the public?   |  | ン<br>ン<br>ン  |            | 17,80               |
| e Pi<br>f G<br>g D<br>h R<br>i O<br>j To<br>2a D<br>b If<br>c If   | ublications, or published or broadcast statements?   |  | ン<br>ン   |            | 17,80               |
| f G<br>g D<br>h R<br>i O<br>j To<br>2a D<br>b If<br>c If   | irants to other organizations for lobbying purposes?   |  | ~  |            | 17,80               |
| g       D         h       R:         i       O         j       To         2a       D         b       If         c       If   | irect contact with legislators, their staffs, government officials, or a legislative body? allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |  |  |            | 17,80               |
| <ul> <li>h Ratic</li> <li>i O</li> <li>j To</li> <li>2a D</li> <li>b If</li> <li>c If</li> </ul>   | allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         ther activities?         otal. Add lines 1c through 1i         id the activities in line 1 cause the organization to be not described in section 501(c)(3)?         "Yes," enter the amount of any tax incurred under section 4912         "Yes," enter the amount of any tax incurred by organization managers under section 4912  |  | <b>v</b>   |            | 17,80               |
| i O<br>j To<br>2a D<br>b If<br>c If  | ther activities?   | ~                                      |  |            |                     |
| j To<br>2a D<br>b If<br>c If   | otal. Add lines 1c through 1i  |  |  |            | E 4 E 5             |
| 2a D<br>b If<br>c If   | id the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912  |  |  |            | 54,57               |
| b lf<br>c lf   | "Yes," enter the amount of any tax incurred under section 4912   |  | ~  |            | 72,38               |
| c If   | "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  |  |  |            |                     |
|  |  |  | -  |            |                     |
|  |  |  |  |            |                     |
| Part III-  |  | )(5)                                   | or sec   | tion       |                     |
|  | 501(c)(6).   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |            |                     |
|  |  |  |  |            | Yes No              |
|  | /ere substantially all (90% or more) dues received nondeductible by members?   |  |  | 1          |                     |
|  | id the organization make only in-house lobbying expenditures of \$2,000 or less?   |  |  | 2          |                     |
|  | id the organization agree to carry over lobbying and political campaign activity expenditures from the   |  |  | 3          |                     |
| Part III-  | B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."   |  |  |            | ine 3, is           |
| <b>1</b> D   | ues, assessments and similar amounts from members  |  | 1  |            |                     |
|  | ection 162(e) nondeductible lobbying and political expenditures (do not include amounts olitical expenses for which the section 527(f) tax was paid).  | s of                                   |  |            |                     |
| a C  | urrent year  |  | 2a   |            |                     |
| b C  | arryover from last year  |  | 2b   |            |                     |
|  | otal   |  | 2c   |            |                     |
|  | ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .   |  | 3  |            |                     |
|  | notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of  |  |  |            |                     |
|  | xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobb  |  |  |            |                     |
|  | nd political expenditures next year?   |  | 4  |            |                     |
|  | axable amount of lobbying and political expenditures. See instructions   | •                                      | 5  |            |                     |
|  | <b>Supplemental Information</b><br>the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro<br>structions); and Part II-B, line 1. Also, complete this part for any additional information.   | oup lis                                | t); Part   | t II-A, li | nes 1 an            |
| Schedule   | e C, Part II-B, Line 1 - General meetings with elected representatives to discuss rural issues and needs   | in ou                                  | seven  | state      | e <mark>gion</mark> |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |
|  |  |  |  |            |                     |

Schedule C (Form 990) 2022

| SCHEDULE   | D |
|------------|---|
| (Form 990) |   |

Department of the Treasury

Internal Revenue Service Name of the organization

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

2022 Open to Public

OMB No. 1545-0047

| tion.              | Inspection   |
|--------------------|--------------|
| Employer identific | ation number |

|  | 71 | 04 | 61 | 22. | 1 |  |
|--|----|----|----|-----|---|--|

| COMN   | IUNITIES UNLIMITED INC   |   | 71-0464321                              |
|--------|--|---|---|
| Par    | <b>.</b>   |   | s or Accounts.                          |
|        | Complete if the organization answered "  | Yes" on Form 990, Part IV, line 6.          |   |
|        |  | (a) Donor advised funds                     | (b) Funds and other accounts            |
| 1      | Total number at end of year  |   |   |
| 2      | Aggregate value of contributions to (during 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   |   | -                                       |
| _      | 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 c   |   |   |
|        | Preservation of land for public use (for example, recrea   | ·   |   |
|        | Protection of natural habitat  | Preservation of                             | f a certified historic structure        |
| 2      | Complete lines 2a through 2d if the organization hel   | d a qualified concentration contribution    | in the form of a concervation           |
| 2      | easement on the last day of the tax year.  | a quaimed conservation contribution         |   |
| _      |  |   | Held at the End of the Tax Year         |
| a<br>b | Total acreage restricted by conservation easements   |   | . 2a<br>. 2b                            |
| c      | Number of conservation easements on a certified hi   |   |   |
| d      | Number of conservation easements included in (c) a   |   |   |
|        |  |   | · 2d                                    |
| 3      | Number of conservation easements modified, trans   | ferred, released, extinguished, or term     |   |
|        | tax year   |   | , |
| 4      | Number of states where property subject to conserv   | vation easement is located                  |   |
| 5      | Does the organization have a written policy reg  |   |   |
|        | violations, and enforcement of the conservation eas  | ements it holds?                            | · · · · · · 🗌 Yes 🗌 No                  |
| 6      | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing | conservation easements during the year  |
|        |  |   |   |
| 7      | Amount of expenses incurred in monitoring, inspecting  | g, handling of violations, and enforcing c  | conservation easements during the year  |
| ~      |  |   |   |
| 8      | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?                                       |   |   |
| ٩      | In Part XIII, describe how the organization repo   |   |   |
| 3      | balance sheet, and include, if applicable, the text of   |   |   |
|        | organization's accounting for conservation easemer   |   |   |
| Pari   | Organizations Maintaining Collections  | of Art. Historical Treasures, or (          | Other Similar Assets                    |
|        | Complete if the organization answered "  |   |   |
| 1a     | If the organization elected, as permitted under FAS  |   | e statement and balance sheet works     |
|        | of art, historical treasures, or other similar assets  | held for public exhibition, education,      | or research in furtherance of public    |
|        | 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   |   |   |
|        | <ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul> |   | \$                                      |
|        | (ii) Assets included in Form 990, Part X   |   | \$                                      |
| 2      | If the organization received or held works of art,   |   | assets for financial gain, provide the  |
|        | following amounts required to be reported under FA   | -   |   |
| а      | Revenue included on Form 990, Part VIII, line 1 .  |   | \$                                      |
| b      | Assets included in Form 990, Part X  |   | \$                                      |

| Schedu     | le D (Form 990) 2022  |          |                            |                    |            |                          |          |                         |                 | Page <b>2</b> |
|------------|---|----------|----------------------------|--------------------|------------|--------------------------|----------|-------------------------|-----------------|---------------|
| Part       | t III Organizations Maintaining   | J Coll   | ections of                 | Art, His           | torical 1  | Freasures,               | , or O   | ther Similar As         | sets (cor       | ntinued)      |
| 3          | Using the organization's acquisition, collection items (check all that apply) |          | sion, and ot               | ther reco          | rds, chec  | k any of the             | e follov | ving that make s        | ignificant      | use of its    |
| а          | Public exhibition   |          |                            | d                  | 🗌 Loan     | or exchang               | e prog   | ram                     |                 |               |
| b          | Scholarly research  |          |                            | е                  | Other      |                          |          |                         |                 |               |
| с          | Preservation for future generations   | 3        |                            |                    |            |                          |          |                         |                 |               |
| 4          | Provide a description of the organiza XIII.                                   | tion's   | collections                | and expl           | ain how t  | hey further              | the ore  | ganization's exen       | npt purpo       | se in Part    |
| 5          | During the year, did the organization assets to be sold to raise funds rathe  |          |                            |                    |            |                          |          |                         |                 | 6 🗌 No        |
| Part       | Escrow and Custodial Arra   | anger    | ments.                     |                    |            |                          |          |                         |                 |               |
|            | Complete if the organizatior 990, Part X, line 21.                            | n ansv   | wered "Yes                 | " on For           | m 990, I   | Part IV, line            | e 9, or  | reported an arr         | ount on         | Form          |
| <b>1</b> a | Is the organization an agent, trustee included on Form 990, Part X?           |          |                            |                    | -          |                          |          |                         | ot              | s ⊡ No        |
| b          | If "Yes," explain the arrangement in P  | Part XII | I and compl                | ete the fo         | llowing ta | able:                    |          |                         |                 |               |
|            |   |          |                            |                    |            |                          |          | A                       | nount           |               |
| с          | Beginning balance   |          |                            |                    |            |                          | 10       | ;                       |                 |               |
| d          | Additions during the year   |          |                            |                    |            |                          | 10       | ł                       |                 |               |
| е          | Distributions during the year   |          |                            |                    |            |                          | 16       | •                       |                 |               |
| f          | Ending balance  |          |                            |                    |            |                          | 11       |                         |                 |               |
| 2a         | Did the organization include an amou  |          |                            |                    |            |                          |          |                         |                 |               |
|            | If "Yes," explain the arrangement in P  | Part XII | I. Check her               | re if the e        | xplanatio  | n has been               | provid   | ed on Part XIII .       |                 | ~             |
| Par        |   |          |                            |                    |            |                          |          |                         |                 |               |
|            | Complete if the organization  |          |                            |                    |            | -                        |          |                         |                 |               |
|            |   | (a)      | Current year               | <b>(b)</b> Pri     | or year    | (c) Two year             | s back   | (d) Three years back    | : (e) Four y    | ears back     |
| 1a         | Beginning of year balance   |          |                            |                    |            |                          |          |                         |                 |               |
| b          | Contributions   |          |                            |                    |            |                          |          |                         |                 |               |
| 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   |          |                            |                    |            |                          |          |                         |                 |               |
| 2          | Provide the estimated percentage of   | the cu   | rrent year er              | nd baland          | e (line 1g | , column (a              | )) held  | as:                     | •               |               |
| а          | Board designated or quasi-endowme   | nt       |                            | %                  |            |                          |          |                         |                 |               |
| b          | Permanent endowment   | %        |                            |                    |            |                          |          |                         |                 |               |
| С          | Term endowment%   |          |                            |                    |            |                          |          |                         |                 |               |
|            | The percentages on lines 2a, 2b, and  |          |                            |                    |            |                          |          |                         |                 |               |
| 3a         | Are there endowment funds not in th   | e pos    | session of th              | ne organi          | zation the | at are held              | and ac   | lministered for th      |                 |               |
|            | organization by:  |          |                            |                    |            |                          |          |                         | )               | res 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 ende          | owment f   | unds.                    |          |                         |                 |               |
| Part       |   |          |                            | " • <del>-</del> - |            |                          |          | 0                       |                 | - 10          |
|            | Complete if the organization  | 1 ansv   |                            |                    |            |                          |          |                         |                 |               |
|            | Description of property   |          | (a) Cost or of<br>(investm |                    | 1.1.1      | or other basis<br>other) | • •      | Accumulated epreciation | <b>(d)</b> Book | value         |
| 1a         | Land  |          |                            | 0                  |            | 546,000                  |          |                         |                 | 546,000       |
| b          | Buildings   |          |                            | 0                  |            | 1,270,347                |          | 824,441                 |                 | 445,906       |
| С          | Leasehold improvements  | .        |                            | 0                  |            | 0                        |          | 0                       |                 | 0             |
| d          | Equipment   |          |                            | 0                  |            | 0                        |          | 0                       |                 | 0             |
| e          | Other   |          |                            | 0                  |            | 133,526                  |          | 133,526                 |                 | 0             |
| Total.     | . Add lines 1a through 1e. (Column (d) r                                      | nust e   | equal Form 9               | 90, Part .         | X, columr  | n (B), line 10           | ic.) .   |                         |                 | 991,906       |

Schedule D (Form 990) 2022

| Schedule D (Fo    | ,  |                     |           | Page  |
|-------------------|--|---------------------|-----------|---|
| Part VII          | Investments – Other Securities.  |                     |           |   |
|                   | Complete if the organization answered "Yes" on Form 990, Part<br>(a) Description of security or category<br>(including name of security) | (b) Book value      | (c) M     | , Part X, IINE 12.<br>lethod of valuation:<br>nd-of-year market value |
| (1) Financial     |  |                     |           |   |
| • •               | neld equity interests  |                     |           |   |
|                   |  |                     |           |   |
| (Δ)               |  |                     |           |   |
| (B)               |  |                     |           |   |
| (C)               |  | -                   |           |   |
| (D)               |  |                     |           |   |
| (E)               |  |                     |           |   |
| (F)               |  |                     |           |   |
| (G)               |  |                     |           |   |
| (H)               |  |                     |           |   |
|                   | mn (b) must equal Form 990, Part X, col. (B) line 12.)   |                     |           |   |
| Part VIII         | Investments – Program Related.   |                     |           |   |
|                   | Complete if the organization answered "Yes" on Form 990, Part  |                     |           |   |
|                   | (a) Description of investment  | (b) Book value      |           | lethod of valuation:<br>nd-of-year market value                       |
| (1)               |  |                     |           |   |
| (2)               |  |                     |           |   |
| (3)               |  |                     |           |   |
| (4)               |  |                     |           |   |
| (5)               |  |                     |           |   |
| (6)               |  |                     |           |   |
| (7)               |  |                     |           |   |
| <u>(8)</u><br>(9) |  |                     |           |   |
|                   | mn (b) must equal Form 990, Part X, col. (B) line 13.)   |                     |           |   |
| Part IX           | Other Assets.  |                     |           |   |
|                   | Complete if the organization answered "Yes" on Form 990, Part  | IV. line 11d. See F | orm 990   | . Part X. line 15.  |
|                   | (a) Description  |                     |           | (b) Book value  |
| (1)               |  |                     |           |   |
| (2)               |  |                     |           |   |
| (3)               |  |                     |           |   |
| (4)               |  |                     |           |   |
| (5)               |  |                     |           |   |
| (6)               |  |                     |           |   |
| (7)               |  |                     |           |   |
| (8)               |  |                     |           |   |
| (9)               | rea (h) resurt arms (000 Dart V and (D) line 15)   |                     |           |   |
| Part X            | mn (b) must equal Form 990, Part X, col. (B) line 15.)   |                     | •••       |   |
| Part A            | Complete if the organization answered "Yes" on Form 990, Part  | IV line 11e or 11f  | Soo For   | m 000 Part V  |
|                   | line 25.   |                     | . See Fui | iii 990, Fait A,  |
| 1.                | (a) Description of liability   |                     |           | (b) Book value  |
| (1) Federal in    |  |                     |           |   |
| (2)               |  |                     |           |   |
| (3)               |  |                     |           |   |
| (4)               |  |                     |           |   |
| (5)               |  |                     |           |   |
| (6)               |  |                     |           |   |
| (7)               |  |                     |           |   |
| (8)               |  |                     |           |   |
| (9)               |  |                     |           |   |
|                   | mn (b) must equal Form 990, Part X, col. (B) line 25.)   |                     |           |   |

|        | e D (Form 990) 2022  |                              |                | Page 4             |
|--------|--|------------------------------|----------------|--------------------|
| Part   |  | •                            | r Return.      |                    |
|        | Complete if the organization answered "Yes" on Form 990,                           | Part IV, line 12a.           |                |                    |
| 1      | Total revenue, gains, and other support per audited financial statements           |                              | 1              | 15,485,400         |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |                              |                |                    |
| а      | Net unrealized gains (losses) on investments                                       | 2a                           | 0              |                    |
| b      | Donated services and use of facilities   | 2b                           | 0              |                    |
| С      | Recoveries of prior year grants  | 2c                           | 0              |                    |
| d      | Other (Describe in Part XIII.)   | 2d                           | 0              |                    |
| е      | Add lines <b>2a</b> through <b>2d</b>  |                              | 2e             | 0                  |
| 3      | Subtract line <b>2e</b> from line <b>1</b>   |                              | 3              | 15,485,400         |
| 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                           | 0              |                    |
| b      | Other (Describe in Part XIII.)   | 4b                           | 0              |                    |
| с      | Add lines <b>4a</b> and <b>4b</b>  |                              | 4c             | 0                  |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line         | 12.)                         | 5              | 15,485,400         |
| Part   | XII Reconciliation of Expenses per Audited Financial Statem                        | ents With Expenses           | per Return     |                    |
|        | Complete if the organization answered "Yes" on Form 990,                           | Part IV, line 12a.           |                |                    |
| 1      | Total expenses and losses per audited financial statements                         |                              | 1              | 12,312,475         |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |                              |                | · · ·              |
| а      | Donated services and use of facilities   | 2a                           | 0              |                    |
| b      | Prior year adjustments   | 2b                           | 0              |                    |
| с      | Other losses   | 2c                           | 0              |                    |
| d      | Other (Describe in Part XIII.)   | 2d                           | 0              |                    |
| e      | Add lines <b>2a</b> through <b>2d</b>  |                              | 2e             | 0                  |
| 3      | Subtract line <b>2e</b> from line <b>1</b>   |                              | 3              | 12,312,475         |
| 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                           | 0              |                    |
| b      | Other (Describe in Part XIII.)   | 4b                           | 2              |                    |
| c      | Add lines <b>4a</b> and <b>4b</b>  | -                            | 4c             | 2                  |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin         |                              | -              | 12,312,477         |
| Part   |  | ,                            |                | .=,•.=,            |
| Provic | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and 2 | 2b; Part V, li | ne 4; Part X, line |
|        | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part        |                              |                |                    |
| Scheo  | ule D, Part IV, Line 2b - Escrow funds held to pay insurance and taxes on hom      | es financed                  |                |                    |
| 001100 |  |                              |                |                    |
| Scher  | ule D, Part XII, Line 4b - rounding  |                              |                |                    |
| June   | ule D, Part XII, Line 4b - rounding  |                              |                |                    |
|        |  |                              |                |                    |
|        |  |                              |                |                    |
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|        |  |                              |                |                    |
|        |  |                              |                |                    |
|        |  |                              |                |                    |

| SCHEDULE I<br>(Form 990)                               |             | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                                    |                                      |                                  |   |                                 | ОМВ No. 1545-004<br>20 <b>22</b> |                                  |          |  |
|--|-------------|--|------------------------------------|--------------------------------------|----------------------------------|---|---------------------------------|----------------------------------|----------------------------------|----------|--|
|  |             | C C  | omplete if the orga                |                                      | Form 990.                        | , Part IV, line 21 or 2                                     | 2.                              |                                  | Open t                           | o Public |  |
| Department of the Treasury<br>Internal Revenue Service |             |  | Go to w                            | /ww.irs.gov/Form99                   |                                  | rmation.  |                                 |                                  |                                  | ection   |  |
| Name of the organization                               |             |  |                                    | -                                    |                                  |   |                                 | Employer                         | identification num               | ber      |  |
| COMMUNITIES UNLIM                                      | ITED INC    |  |                                    |                                      |                                  |   |                                 |                                  | 71-0464321                       |          |  |
| Part I General   | Information | n on Grants and  | Assistance                         |                                      |                                  |   |                                 |                                  |                                  |          |  |
|  |             |  |                                    | unt of the grants o                  |                                  |   | •                               |                                  |                                  |          |  |
|  |             | award the grants   |                                    |                                      |                                  |   |                                 |                                  | · · 🖌 Yes                        | 🗌 No     |  |
|  | -           |  |                                    | the use of grant fu                  |                                  |   |                                 |                                  |                                  |          |  |
|  |             |  |                                    | zations and Don<br>han \$5,000. Part |                                  |   |                                 |                                  | ered "Yes" on                    | Form 990 |  |
| <b>1 (a)</b> Name and address or governme              |             | <b>(b)</b> EIN   | (c) IRC section<br>(if applicable) | <b>(d)</b> Amount of cash grant      | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description noncash assista |                                  | <b>(h)</b> Purpose<br>or assista | •        |  |
| (1)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (2)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (3)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (4)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (5)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (6)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (7)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (8)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (9)  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
|  |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (10)   |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (11)   |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
| (12)   |             |  |                                    |                                      |                                  |   |                                 |                                  |                                  |          |  |
|  |             |  |                                    | -                                    | 1                                |   | I                               |                                  |                                  |          |  |

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3 . . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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| Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.<br>Part III can be duplicated if additional space is needed. |                          |                          |                                  |  |                                       |  |  |  |
|---|--------------------------|--------------------------|----------------------------------|--|---------------------------------------|--|--|--|
| (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,<br>FMV, appraisal, other) | (f) Description of noncash assistance |  |  |  |
| 1 See Schedule I, Part IV, Statement 1  |                          |                          |                                  |  |                                       |  |  |  |
| 2   |                          |                          |                                  |  |                                       |  |  |  |
| 3   |                          |                          |                                  |  |                                       |  |  |  |
| 4   |                          |                          |                                  |  |                                       |  |  |  |
| 5   |                          |                          |                                  |  |                                       |  |  |  |
| 6   |                          |                          |                                  |  |                                       |  |  |  |
| 7   |                          |                          |                                  |  |                                       |  |  |  |
| Part IV Supplemental Information. Provide   | e the information        | required in Part I, li   | ne 2; Part III, colum            | n (b); and any other addit                               | onal information.                     |  |  |  |
| Schedule I, Part I, Line 2 - Grant funds, were monitored  | l through online mee     | tings. Invoices were re  | eviewed for accuracy a           | nd validity prior to payment.                            |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |
|   |                          |                          |                                  |  |                                       |  |  |  |

#### Schedule I, Part IV, Statement 1

## Form: Schedule I (2022)

Page: 2

#### COMMUNITIES UNLIMITED INC

EIN: 71-0464321

#### Part III

#### Description of Grants and Other Assistance to Individuals in the United States

|   |  | Number of recipients | Amt. of cash<br>grant | Amt. of non-<br>cash asst. |
|---|--|----------------------|-----------------------|----------------------------|
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Scholarships for citizenships or DACA applications | 19                   | 13,230                | 0                          |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | Delta Owned grants for Small Businesses            | 5                    | 15,000                | 0                          |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | E-Wealth Health grants for small business          | 10                   | 32,000                | 0                          |
| Type of grant<br>Method of valuation<br>Desc. of Non-Cash Asst. | MemShop Rent subsidy                               | 7                    | 60,000                | 0                          |

| SCHEDULE J Compensation Information |  |  |   | OMB No.                | 1545-0  | 047 |    |
|-------------------------------------|--|--|---|------------------------|---------|-----|----|
| (Form                               | (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Higher<br>Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line |  |   |                        | 20      | 22  | >  |
|                                     |  | Complete if the organization                                     | on answered "Yes" on Form 990, Part IV,   | line 23.               | Open to |     |    |
|                                     | ent of the Treasury<br>Revenue Service   | Go to www.irs.gov/Form   | Attach to Form 990.<br>990 for instructions and the latest inform                       | ation.                 | Inspe   |     |    |
|                                     | f the organization   |  |   | Employer identificatio |         |     |    |
| COMN                                | IUNITIES UNLIM   | ITED INC   |   | 71-04                  | 464321  |     |    |
| Part                                | Questio  | ns Regarding Compensation  |   |                        |         |     |    |
|                                     | <b>.</b>   |  |   |                        |         | Yes | No |
| 1a                                  |  |  | rovided any of the following to or for a p<br>provide any relevant information regardin |                        | rm      |     |    |
|                                     | First-class of   | or charter travel  | Housing allowance or residence f  | or personal use        |         |     |    |
|                                     | Travel for co  | •  | Payments for business use of per  |                        |         |     |    |
|                                     |  | ification and gross-up payments                                  | Health or social club dues or initia  |                        |         |     |    |
|                                     | Discretional   | ry spending account  | Personal services (such as maid,  | chauffeur, chef)       |         |     |    |
| b                                   | or reimbursen  | nent or provision of all of the ex                               | the organization follow a written polic<br>kpenses described above? If "No,"            | complete Part III      | to      |     |    |
|                                     | explain  |  |   |                        | 1b      |     |    |
| 2                                   | directors, trust   | tees, and officers, including the CE                             | or to reimbursing or allowing exper<br>CO/Executive Director, regarding the ite         | ems checked on li      |         |     |    |
|                                     | 1a?  |  |   |                        | 2       |     |    |
| 3                                   | Indicate which   | , if any, of the following the organize                          | ation used to establish the compensation  | on of the              |         |     |    |
|                                     |  |  | that apply. Do not check any boxes for  |                        | a       |     |    |
|                                     | related organiz  | zation to establish compensation of                              | the CEO/Executive Director, but explain   | n in Part III.         |         |     |    |
|                                     |  | ion committee  | Written employment contract   |                        |         |     |    |
|                                     |  | t compensation consultant  | Compensation survey or study  |                        |         |     |    |
|                                     | ☐ Form 990 o   | f other organizations  | Approval by the board or compen   | sation committee       |         |     |    |
| 4                                   |  | r, did any person listed on Form 99<br>r a related organization: | 0, Part VII, Section A, line 1a, with resp  | ect to the filing      |         |     |    |
| а                                   | Receive a seve   | erance payment or change-of-contr                                | ol payment?   |                        | 4a      |     | V  |
| b                                   |  |  | ental nonqualified retirement plan? .   |                        |         |     | ~  |
| С                                   |  |  | based compensation arrangement? .   |                        | 4c      |     | ~  |
|                                     | If "Yes" to any  | of lines 4a-c, list the persons and p                            | provide the applicable amounts for eac  | n item in Part III.    |         |     |    |
|                                     | Only section (   | 501(c)(3), 501(c)(4), and 501(c)(29)                             | organizations must complete lines 5   | -9.                    |         |     |    |
| 5                                   | For persons I  | isted on Form 990, Part VII, Sec                                 | tion A, line 1a, did the organization   |                        | iny     |     |    |
|                                     | -  | contingent on the revenues of:                                   |   |                        |         |     |    |
| a                                   |  |  |   |                        |         |     | ~  |
| b                                   |  | banization?  |   |                        | 5b      |     | ~  |
|                                     |  |  |   |                        |         |     |    |
| 6                                   | compensation   | contingent on the net earnings of:                               | tion A, line 1a, did the organization   |                        |         |     |    |
| а                                   | 0  |  |   |                        |         |     | ~  |
| b                                   |  | ganization?<br>6a or 6b, describe in Part III.                   |   |                        | 6b      |     | ~  |
| 7                                   |  |  | ion A, line 1a, did the organization p<br>" describe in Part III.......                 |                        |         |     | ~  |
| 8                                   |  |  | , paid or accrued pursuant to a contrac   |                        |         |     |    |
|                                     |  | -  | Regulations section 53.4958-4(a)(3)?  |                        |         |     | ~  |
|                                     | nifailli   |  |   |                        | 8       |     |    |
| 9                                   | If "Yes" on li   | ne 8, did the organization also fo                               | ollow the rebuttable presumption pro  | cedure described       | in      |     |    |
| -                                   |  |  | · · · · · · · · · · · · · · · ·   |                        | a       |     |    |

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 10 |  |   | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|--|------|---|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title   |      | (i) Base<br>compensation                        | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)–(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| Ines Polonius, CEO   | (i)  | 131,143   | 0                                      | 0   | 11,105                         | 9,810          | 152,058              | 0  |
| 1  | (ii) | 0   | 0                                      | 0   | 0                              | 0              | 0                    | 0  |
|  | (i)  | 106,257   | 0                                      | 0   | 8,720                          | 6,760          | 121,737              | 0  |
|  | (ii) | 0   | 0                                      | 0   | 0                              | 0              | 0                    | 0  |
| Thomas Ricks, Director of  | (i)  | 116,141   | 0                                      | 0   | 9,689                          | 11,331         | 137,161              | 0  |
| Ines Polonius, CEO  1 Bryn Bagwell, Director of Loan Fund Thomas Ricks, Director of Environmental Services Kimberly Griffey, CFO  4 Elaine Crutchfield, Director of Program Services  6  7  8  9  10  11  12  13 | (ii) | 0   | 0                                      | 0   | 0                              | 0              | 0                    | 0  |
| Kimberly Griffey, CFO  | (i)  | 109,137   | 0                                      | 0   | 9,095                          | 11,179         | 129,411              | 0  |
|  | (ii) | 0   | 0                                      | 0   | 0                              | 0              | 0                    | 0  |
| Elaine Crutchfield, Director of<br>Program Services  | (i)  | 115,401   | 0                                      | 0   | 7,245                          | 16,596         | 139,242              | 0  |
| 5 Program Services<br>6  | (ii) | 0   | 0                                      | 0   | 0                              | 0              | 0                    | 0  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 6  | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 7  | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 8  | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 9  | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 10   | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
|  | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 12   | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 13   | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 14   | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 15   | (ii) |   |  |   |                                |                |                      |  |
|  | (i)  |   |  |   |                                |                |                      |  |
| 16   | (ii) |   |  |   |                                |                |                      |  |

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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.

Attach to Form 990 or Form 990-EZ.

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



Employer identification number

#### COMMUNITIES UNLIMITED INC

71-0464321

Form 990, Part I, Line 1 - CU works with people, combining their ingenuity with technology, expertise and capital to unwind generations of inequity and ensure healthy water, healthy food, healthy businesses, healthy communities and healthy lives. CU's Promise: To partner with people working for a better life in their hometown and connect them to solutions for achieving sustainable prosperity. CU's Purpose: Talent is distributed equally across the United States. Opportunity clearly is not. Access to opportunities should not depend on where you live, how much money you have in the bank or what you look like. CU works to create greater access to opportunities for individuals living in places of persistent poverty. CU's Approach: CU takes a holistic approach to community development by combining human connection and ingenuity with technology, expertise and capital to solve problems. CU staff work to blend its services across program areas to meet communities where they are and sustain healthy businesses, healthy communities and healthy lives. CU's Place: CU serves communities in Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, Tennessee & Texas. This service area includes 45% of our nation's persistent poverty counties, where more than 20% of the population has lived in poverty for over 30 years. 47% of people living in persistently poor rural counties are people of color. And, this area is home to rural innovators, small town entrepreneurs and people with a history of working hard from sunrise to sunset to provide for their families. Here people seek opportunities to break through generations of inequity and disinvestment in order to reach prosperity. CU's Organization CU is a 501(c)3 nonprofit corporation founded in 1975, with over 105 staff in seven states and over \$32 million in assets. CU was certified by the U.S. Department of Treasury as a Community Development Financial Institution (CDFI) in 2001. As a CDFI, CU expands economic opportunity for small business owners and communities by providing access to capital when traditional financing options are not available.CU works collaboratively to build partnerships that complement its services in order to maximize the benefits to their clients. CU is a founding partner of three national collaboratives. In the 1970s, it helped to found the Rural Community Assistance Partnership (RCAP), the oldest national nonprofit serving the nation's small communities with environmental services that support access to safe clean drinking water and other critical cornerstones of healthy communities. As one of six regional RCAP partners, CU works in over 600 rural communities each year, and leverages millions of dollars in funding for essential community facilities and infrastructure. In 2011, CU founded the national WealthWorks network, providing solutions that include a 21st-century approach to economic development that builds from local assets, connects to regional markets, and creates wealth that stays local. In 2018, CU co-founded the Partners for Rural Transformation which works to eliminate persistent poverty through capital investments and capacity building in rural communities across the country. While CU is focused on capacity building and lending in places where both are needed the most, it also leverages this field experience to inform national research, policy and advocacy work. In 2021 CU launched its own research work which utilizes its program metrics to generate thought leadership in the community economic development field. Form 990, Part VI, Section B, Line 11b - A copy of the 990 was provided to the Board members on 2/2/24 and reviewed by the CFO with the Board Members in attendance at the 2/9/24 Board Meeting. Form 990, Part VI, Section B, Line 12c - Annually all employees and Board members must review and sign the Conflict of Interest Policy Form 990, Part VI, Section B, Line 15 - The Board of Directors review the CEO salary and make recommendations for revisions. For all other staff salaries, comparable data is obtained from a third party consulting agency. The consultant meets with top management to review information and make necessary adjustments. Form 990, Part VI, Section C, Line 19 - Upon written request, documents are available for review at our corporate offices or we will copy and mail any requested documents. Form 990, Part XI, Line 9 - rounding

Cat No 51056K

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Form: Form 990 (2022)

Page: 2

#### First Program Service Accomplishments Description

#### COMMUNITIES UNLIMITED INC

EIN: 71-0464321

Part III, Line 4a

#### Description

supports other RCAP regional partners in other regions of the country with access to their CDFI community environmental lending. During fiscal year 2023, CU Environmental Services provided onsite assistance to 715 small communities and rural environmental systems. CU's environmental staff experienced a record year in leveraging over \$174 million in construction financing to improve community water and wastewater systems. CU Environmental Services staff completed 83 training workshops attended by 1,284 community officials, board members, certified operators, and other environmental management system staff members. CU Environmental Services achieved the following National Environmental Outcomes last year for the following number of communities: 58 Communities: Improved Coordination between Communities (Regionalization Strategies); 108 Communities: Improved Public Health by achieving compliance with Safe Drinking Water Act rules and regulations; 122 Communities: Improved Environmental Health by achieving compliance with Clean Water Act and Pollution Control Act rules and regulations; 40 Communities: Improved Capacity of Community Facilities; 208 Communities: Achieved Financial Sustainability; 182 Communities: Increased Managerial Capacity; 16 Communities: Improved Self-Defined Prosperity; 42 Communities: Achieved Global Information System Mapping Capabilities.

Form: Form 990 (2022)

Page: 2

#### Second Program Service Accomplishments Description

#### COMMUNITIES UNLIMITED INC

EIN: 71-0464321

Part III, Line 4b

#### Description

Small business loans can be used for working capital, which is one of the biggest gaps in small business financing. Other uses include purchase or repair of equipment and real estate purchase or improvements. CU offers a variety of small business loan products that are designed to grow as the business grows. CU's small business lending is focused on filling gaps in rural places and minority populations. In 2023, CU increased loan production by 14%. Forty-one small businesses received \$937,130 in loans, averaging \$22,857. This includes 68% to minority owned businesses, 27% in Persistent Poverty Counties, 56% in rural areas, and 83% to women-owned businesses. CU revived the Nuestra Casa loan program that was hugely successful in the early 2000s in the South Texas Colonias, re-launching the home improvement program using the Small Dollar Loan Grant in May 2022 with the hiring of a key local Hispanic lender for the Brownsville office. In 2023, CU provided 154 loans, making a direct impact on the resident' living conditions and often increasing their largest asset value. The program also offers credit counseling and financial incentives to pay on time and improve individual credit scores allowing for improved access to traditional financial products. Through CU's credit counseling efforts, payment monitoring and one on one personal assistance, 76% of the renewal customers have seen an increase in their FICO score, with an average increase of 37 points.

Form: Form 990 (2022)

Page: 2

## Third Program Service Accomplishments Description

#### Description

a pipeline of mortgage-ready home buyers to engage around modular housing manufacturing. During fiscal year 2023, CU Housing engaged the city of Dumas, AR in a comprehensive housing needs assessment and the development of a local housing task force. Through the housing needs assessment, the CU and the housing task force have engaged community members, employers, and city officials to identify, plan for, and later address the issues caused by the aging housing stock, lack of workforce, affordable housing, and housing infrastructure needs. Entrepreneurship - During fiscal year 2023, the Entrepreneurship Team assisted 310 clients one-on-one with 123 clients receiving an average of 52 hours of intensive consulting services. The program training events include an additional 34 client's completing LMS courses and 204 attendees to live small business webinars. In addition to providing its management consulting and training services to small businesses, CU's Entrepreneurship Team focused on: 1: establishing CU's new Arkansas MBDA Business Center; 2: building out additional CU E-Learning Center small business courses that provide foundational learning and supplements CU's one-on-one consulting engagements; and 3: completing the first year of the E-Wealth Health program pilot. The Arkansas MBDA Business Center (led by the Entrepreneurship Team) completed its first year with 90 small business clients. The MBDA is the Minority Business Development Agency, a bureau of the U.S. Department of Commerce. It is the only federal agency solely dedicated to the growth and global competitiveness of minority business enterprises. In an effort to deepen its partnership with SBA, CU's Arkansas MBDA Business Center signed a Strategic Memorandum Alliance (SAM) with the Arkansas SBA District Office. CU has begun working more closely with Arkansas ecosystem partners around assisting minority businesses in identifying and securing contracts. Launched in August 2022, the E-Wealth Health Initiative (E=Entrepreneur) that is focused on closing the wealth gap through entrepreneurship completed its one-year program pilot. The E-Wealth Health Initiative consists of monthly webinars and one-on-one management consulting sessions. The business owners are taught how to manage their business to profitability and how to grow business retained earnings that are then used strategically toward increasing the owner's personal net worth, establishing retirement accounts, securing capital or other wealth creation strategies. The initial cohorts of business owners were offered Wealth Accelerator payments as an incentive to establish wealth goals. The outcomes have been amazing! Learn more about the E-Wealth Health Initiative from our staff and some of its first-year cohort participants at https://vimeo.com/889540142?share=copy#t=0; https://vimeo.com/889544172?share=copy#t=0; https://vimeo.com/889545546?share=copy#t=0; https://vimeo.com/889548440?share=copy#t=0. As FY 2023 closed, CU's Community Sustainability team's network of partner communities grew to a cumulative 59 communities and 22 counties who have worked toward developing more vibrant, sustainable economies by leveraging local assets for long-term growth. CU recognizes that for communities to achieve real sustainability the approach must be radically resident driven. Residents drive the process; creating the plans, filling gaps and connecting to existing resources to activate the community's power for change. CU's staff facilitates this process and assists with infrastructure management and improvement, community facility development, small business development and access to financing. The team believes that people should have the opportunity to thrive where they live, work, play and worship regardless of the location or population of their community. One of the goals of the CS team is to build a diverse leadership team who are open minded and motivated to initiate change. They provide training to build personal and community capacity that will enable residents to be the problem solvers. As a regional hub they provide WealthWorks training and value chain facilitation along with implementing the principles of Strategic Doing. Assets are recognized through the engagement of community leaders and utilized to build a strategy for economic growth. This strategy directs the long-term execution of work by CS staff side by side in relationship with community. By deploying their E.D.G.E. Capacity Building model, which involves Enlightening - training, Delivering - technical assistance, Guiding - as community conducts tasks, and Empowering - monitoring the community's continued success in their execution of tasks, Community Facilitators purposefully and intentionally go into every community with an exit strategy in mind, realizing that the true benefit of their efforts is building or strengthening the capacity of local governments and non-profits so that when they do complete a project they are no longer needed to ensure that community facilities, local housing, and/or community and economic development will continue to be sustainable. CU leverages each of its programs and identifies partners to bring the resources needed for implementation of the strategies to create lasting change. Community Sustainability helps communities: Evaluate ordinances and policies that are friendly to small businesses. Increase the number of local businesses. Support growth of existing local businesses. Deliver resources and convene partners who have new resources to deploy. Provide access to financing. Evaluate existing community development plans. Work with GIS mapping program to create sustainable resource maps. And, develop broadband strategies and connect to resources for deployment. They accomplish this through: Collaboration with local leadership to provide an assessment of the community's economic opportunities. Environmental technical assistance resources. Small business management consulting. Community facilities resources. Home improvement lending. Local, regional, state and federal convening of stakeholders.

EIN: 71-0464321

Part III, Line 4c

Schedule O, Statement 4

Form: Form 990 (2022)

Page: 2

#### COMMUNITIES UNLIMITED INC

EIN: 71-0464321

#### Part III, Line 4d

Other Program Services Accomplishments

| Activity<br>Code | Description   | Expense | Grants | Revenue  |
|------------------|---|---------|--------|----------|
|                  | Healthy Foods and various other small programs: CU's service area includes almost half of       | 654,559 | 0      | 1,965,42 |
|                  | the nation's persistent poverty counties, and five of the six states where food insecurity is   | ,       |        | , ,      |
|                  | above the U.S. average. We serve where economic discrimination and disparities in access        |         |        |          |
|                  | to resources challenge the sustainability of small towns, small businesses, small farms and     |         |        |          |
|                  | families in persistently poor rural places. Like access to safe clean drinking water, access to |         |        |          |
|                  | enough food and especially Healthy Food is necessary for children, families and                 |         |        |          |
|                  | communities to thrive. We know that food insecurity impacts a child's physical and mental       |         |        |          |
|                  | development, impacting their future ability to learn and transfer knowledge into work           |         |        |          |
|                  | performance that earn a livable wage and builds wealth for them. Food insecurity,               |         |        |          |
|                  | compounded by the lack of access to healthy food, is an equity issue in our nation. This is     |         |        |          |
|                  | clearly evident in the last 10-years of federal and state data, as well as evidenced by CU's    |         |        |          |
|                  | decades of data from our boots-on-ground service in these places. Consider this, Rural          |         |        |          |
|                  | households experienced significant increases in food insecurity in 2022 (14.7%) compared        |         |        |          |
|                  | to 2021 (10.8). (USDA ERS with DOC, Census & Food Security Supplements from 2021 &              |         |        |          |
|                  | 2022). Household with children headed by single women experienced a significant increase        |         |        |          |
|                  | in food insecurity in 2022 (18.2%) as compared to 2021 (12.1%). (USDA ERS with DOC,             |         |        |          |
|                  | Census & Food Security Supplements from 2021 & 2022). The top 10 counties in the nation         |         |        |          |
|                  | with the highest child food insecurity in 2021 (> 36% of all children) are all in CU's service  |         |        |          |
|                  | area. (Map the Meal Gap 2023). The growing rate of food insecurity among aging adults is        |         |        |          |
|                  | challenging all communities. Arkansas has the highest rate of food insecurity among adults      |         |        |          |
|                  | aged 50-59. (Map the Meal Gap 2023). The impacts of structural racism and discrimination,       |         |        |          |
|                  | especially in the persistent poverty areas continues to challenge those living in CU's service. |         |        |          |
|                  | (Data from Map the Meal Gap 2023.). Food insecurity among Black/African American                |         |        |          |
|                  | individuals is higher than for white individuals in almost every county in the nation. The      |         |        |          |
|                  | disparity is as high as 48 percentage points in Cumberland County, TN. Food insecurity for      |         |        |          |
|                  | Latino individuals varies by geography and the disparity between people of Latino heritage      |         |        |          |
|                  | is as high as 26% in an Arkansas county when compared to individuals that identify as           |         |        |          |
|                  | White. For those that identify as White, food insecurity is more concentrated in the rural      |         |        |          |
|                  | South with 1-28% of individuals being food insecure. The Appalachian region contains some       |         |        |          |
|                  | of the counties with the highest percentage of food insecurity among people that identify as    |         |        |          |
|                  | White. Healthy Foods collaborates in the space of the regional food system, with intentional    |         |        |          |
|                  | focus on the most marginalized communities, producers and small businesses. Success in          |         |        |          |
|                  | Healthy Foods is based on collaboration and a community-centered approach that respects         |         |        |          |
|                  | the needs and voices of all members of a community. It also is based on the understanding       |         |        |          |
|                  | that trust must be earned, and it is necessary for technical assistance and resources to        |         |        |          |
|                  | result in sustainable capacity development. CU has been able to provide technical               |         |        |          |
|                  | assistance and access to resources that empowered: connections to new market                    |         |        |          |
|                  | opportunities for farmers; completion of GAP/GHP certification by small-scale underserved       |         |        |          |
|                  | farmers; development and/or expansion of local markets; connections between local               |         |        |          |
|                  | medical providers and schools to local producers resulting in increased access to fresh         |         |        |          |
|                  | produce; and expanded access to resources to meet transportation, aggregation and               |         |        |          |
|                  | storage needs in rural high poverty areas and with small-scale underserved farmers. A           |         |        |          |
|                  | couple of examples of current collaborations and projects are highlighted below. USDA's         |         |        |          |
|                  | Farm to School program allows CU to empower schools in communities challenged by                |         |        |          |
|                  | poverty and racism to access resources and increase the healthy meals served to K-12            |         |        |          |
|                  | children. Local small-scale minority farmers also benefit from this initiative as they are      |         |        |          |
|                  | connected with schools that desire to make local purchases and provided the technical           |         |        |          |
|                  | assistance to navigate the timing of school meal planning, contracting, etc. CU's Healthy       |         |        |          |
|                  | Foods Coordinator serves on the Arkansas Fellowship Steering Committee, Winrock                 |         |        |          |

#### Schedule O, Statement 4

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International, to give voice to the opportunities to develop Arkansas regional food systems, connect with minority-women-veteran-other entrepreneurs and producers; and the connection between thriving local economies and access to adequate quantity and quality of food. CU Healthy Foods is the Arkansas partner in the USDA Delta Regional Food Business Center, working in collaboration with the Mississippi Delta Council for Farm Workers Opportunities, Inc. (MDC/FWOI) and other regional partners. Through this collaboration, CU will lead the distribution of over \$2M in grant funding in support of regional food system development, food-related business development and sustainable production of locally grown food, ensuring equitable distribution of this funding and inclusive participation in this opportunity.

Total:

654,559

1,965,421

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

COMMUNITIES UNLIMITED INC

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| (1) CRG Realty<br>3 East Colt Square Drive, Fayetteville, AR 72703  | Affordable Housing             | AR   | 0                          | 0                                | Communities<br>Unlimited Inc               |
| (2)   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
| (4)   |                                |  |                            |                                  |  |
| (5)   |                                |  |                            |                                  |  |
| (6)   |                                |  |                            |                                  |  |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | (<br>Section<br>cont<br>ent | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|---|--------------------------------|--|----------------------------|---|--|-----------------------------|--|
|   |                                |  |                            |   |  | Yes                         | No   |
| (1)   |                                |  |                            |   |  |                             |  |
| (2)   | -                              |  |                            |   |  |                             |  |
| (3)   |                                |  |                            |   |  |                             |  |
| (4)   |                                |  |                            |   |  |                             |  |
| (5)   |                                |  |                            |   |  |                             |  |
| (6)   |                                |  |                            |   |  |                             |  |
| (7)   |                                |  |                            |   |  |                             |  |



71-0464321

#### Schedule R (Form 990) 2022

#### Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) (f) (g) (h) (i) (i) (c) (e) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)

#### Part IV

# Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | <b>(h)</b><br>Percentage<br>ownership | (<br>Section 5<br>contr<br>ent | <b>(i)</b><br>512(b)(13)<br>rolled<br>tity? |
|---|--------------------------------|---|--|--|--|--|---------------------------------------|--------------------------------|---|
|   |                                |   |  |  |  |  |                                       | Yes                            | No  |
| (1)   |                                |   |  |  |  |  |                                       |                                |   |
| (2)   |                                |   |  |  |  |  |                                       |                                |   |
| (3)   |                                |   |  |  |  |  |                                       |                                |   |
| (4)   |                                |   |  |  |  |  |                                       |                                |   |
| (5)   |                                |   |  |  |  |  |                                       |                                |   |
| (6)   |                                |   |  |  |  |  |                                       |                                |   |
| (7)   |                                |   |  |  |  |  |                                       |                                |   |

Schedule R (Form 990) 2022

| Part | V Transactions With Related Organizations. Complete if the organization answ                    | ered "Yes" on Form        | n 990, Part IV, line 3    | 4, 35b, or 36.        |        |         |    |
|------|---|---------------------------|---------------------------|-----------------------|--------|---------|----|
| Not  | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.            |                           |                           |                       | Y      | es N    | lo |
| 1    | During the tax year, did the organization engage in any of the following transactions with one  | or more related organ     | nizations listed in Parts | s II–IV?              |        |         |    |
| а    | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |                           |                           | [                     | 1a     |         |    |
| b    | Gift, grant, or capital contribution to related organization(s)                                 |                           |                           | [                     | 1b     |         |    |
| С    | Gift, grant, or capital contribution from related organization(s)                               |                           |                           | [                     | 1c     |         |    |
| d    | Loans or loan guarantees to or for related organization(s)                                      |                           |                           | [                     | 1d     |         |    |
| е    | Loans or loan guarantees by related organization(s)   |                           |                           | [                     | 1e     |         |    |
|      |   |                           |                           |                       |        |         |    |
| f    | Dividends from related organization(s)  |                           |                           | [                     | 1f     |         |    |
| g    | Sale of assets to related organization(s)   |                           |                           | [                     | 1g     |         |    |
| h    | Purchase of assets from related organization(s)   |                           |                           | [                     | 1h     |         |    |
| i    | Exchange of assets with related organization(s)   |                           |                           | [                     | 1i     |         |    |
| j    | Lease of facilities, equipment, or other assets to related organization(s)                      |                           |                           | [                     | 1j     |         |    |
|      |   |                           |                           |                       |        |         |    |
| k    | Lease of facilities, equipment, or other assets from related organization(s)                    |                           |                           |                       | 1k     |         |    |
| I    | Performance of services or membership or fundraising solicitations for related organization(s)  |                           |                           |                       | 11     |         |    |
| m    | Performance of services or membership or fundraising solicitations by related organization(s)   |                           |                           |                       | 1m     |         |    |
| n    | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . |                           |                           |                       | 1n     |         | _  |
| ο    | Sharing of paid employees with related organization(s)  |                           |                           |                       | 10     |         |    |
|      |   |                           |                           |                       |        |         |    |
| p    | Reimbursement paid to related organization(s) for expenses                                      |                           |                           |                       | 1p     |         |    |
| q    | Reimbursement paid by related organization(s) for expenses                                      |                           |                           |                       | 1g     |         |    |
| -    | ······································  |                           |                           |                       |        |         |    |
| r    | Other transfer of cash or property to related organization(s)                                   |                           |                           |                       | 1r     |         |    |
| s    | Other transfer of cash or property from related organization(s)                                 |                           |                           |                       | 1s     |         |    |
| 2    | If the answer to any of the above is "Yes," see the instructions for information on who must c  |                           |                           |                       | -      | holds   |    |
|      | (a)   | (b)                       | (c)                       | (d)                   |        |         |    |
|      | رما<br>Name of related organization   | Transaction<br>type (a-s) | Amount involved           | Method of determining | amount | involve | 1  |
| (1)  |   |                           |                           |                       |        |         |    |
| . /  |   |                           |                           |                       |        |         |    |
| (2)  |   |                           |                           |                       |        |         |    |
| (3)  |   |                           |                           |                       |        |         |    |
| (9)  |   |                           |                           |                       |        |         |    |
| (4)  |   |                           |                           |                       |        |         |    |
| (5)  |   |                           |                           |                       |        |         |    |
| (6)  |   |                           |                           |                       |        |         |    |

Schedule R (Form 990) 2022

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) |  | organizations? |    | <b>(f)</b><br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|--|--|----------------|----|--|---|---|----|---|---|----|---------------------------------------|
|   |                                |  |  | Yes            | No | 1                                      |   | Yes                                     | No |   | Yes                                       | No | 1                                     |
|   |                                |  |  |                |    |  |   |   |    |   |   |    |                                       |
|   |                                |  |  |                |    |  |   |   |    |   |   |    |                                       |
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| Part VII | Supplemental Information<br>Provide additional information for responses to questions on Schedule R. See instructions. |
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