## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	he 2022 calen	dar year, or tax	year begir	nning		, 202	22, an	d endin	g		,	20	
В	Check	if applicable:	С								D Employ	er identif	ication number	
	A	ddress change	Adopt One	Block							83-	27277	124	
		ame change	2222 NW H		nit 302						E Telepho			
		nitial return	Portland,			3					503	_075_	-6955	
	-		,								303	-915-	6933	
		nal return/terminated									_			001
	A	mended return									<b>G</b> Gross r			<u>, 331.</u>
	Α	pplication pending		ess of principa	<sup>al officer:</sup> Fi	ank Mos	COW			H(a) Is this a				X No
			Same As C	Above						H(b) Are all s If "No," a	ubordinates	included See inst	? Yes	No
I	Tax-	-exempt status:	X 501(c)(3)	501(c) (	)	(insert no.)	4947(a)(1)	or	527	,	attaon a not	. 00000	. detione.	
J	We	bsite: ad	loptonebloo	ck.ora					-	H(c) Group ex	xemption nu	ımber		
K	Forn	n of organization:	X Corporation	Trust	Association	Other		<b>L</b> Year	of formati				gal domicile: OF	<del></del>
	art I	Summar					L			2013			3 <u>01</u>	
1 6	1		be the organiza	tion's miss	ion or mos	t significant	activities · C	0 r 17 1	ico to	our h	lock	COMI	nunity c	i + x7
			y cleaning											
<u> </u>			block they											
nar		deliver		1000	ciie iios	sc, wileii	<u>and</u> <u>now</u>	<u> </u>	<u>ey wa</u>	11C, WI	CII CIC	<u>zanup</u>	<u>supprie</u>	3 WC _
Je.	2	Check this bo	if the	organizatio	on discontin	nued its oper	rations or di		od of mo	ro than 25	% of its	not acc	otc	
Governance	3		oting members of	organization of the nove	rnina hodv	(Part VI lin	e 1a)	spose	o or mo	ie tilali 23	70 01 113	3	ecis.	3
৽	4		dependent votir									4		0
<u>es</u>	5		of individuals e									5		0
Activities &	6		of volunteers (									6		0
ç	7a		ed business rev									7a		0.
			l business taxab									7b		0.
						·					ior Year		Current Y	
	8	Contributions	and grants (Pa	rt VIII. line	e 1h)						523,0	141		,291.
Revenue	9		ice revenue (Pa								323,0	, 11.	307	, 2 ) 1 .
Ven	10		ncome (Part VIII									10.		40.
Be	11		e (Part VIII, coli									10.		10.
	12		e – add lines 8								523,0	151	367	,331.
	13		imilar amounts								323,0	,51.	307	, 551.
	14		to or for memb				-							
		•		•							27 1	110	010	
S	15		er compensation			-					37,1	. 79.	116	,218.
Expenses	16a	Professional	fundraising fees	(Part IX,	column (A)	, line 11e)								
9	b	Total fundrais	sing expenses (	Part IX, co	lumn (D), l	ine 25)		8,	409.					
ш	17	Other expens	ses (Part IX, col	umn (A). li	ines 11a-1	Id. 11f-24e).					304,1	30	164	,086.
	18		es. Add lines 13								341,3			,304.
	19		expenses. Sub	-	•						181,7			,027.
J O		1.0001140 1000	у сиропосо. Сак	rade inio	10 110111 1111	, <u>, , , , , , , , , , , , , , , , , , </u>				Beginning			End of Ye	
ts o	20	Total assets	(Part X, line 16)							Degillilling	238,1			,618.
Net Assets Fund Balanc	21		es (Part X, line 2							•		205.		,622.
et /			,	,						•	•			
			fund balances.	Subtract	ine 21 fron	n line ∠u					235,9	169.	322	<u>,996.</u>
	art II	Signatur												
Und	er pena	Ities of perjury, I de	eclare that I have exa arer (other than office	mined this ret	urn, including	accompanying so	chedules and sta	atemen	ts, and to t	he best of my	knowledge	and belie	f, it is true, correc	t, and
		1		.,										
		Cianatura of	officer							Data				
Sig	gn	Signature of	officer							Date				
He	re		Moscow						P	resider	nt			
		٠, ,	t name and title											
		Print/Type p	oreparer's name		Preparer's s	signature		D	ate	(	Check	if F	PTIN	
Pa	id	Kennet	ch W. Ivey	, CPA	Kennet	ch W. Iv	ey, CPA			5	self-employ	ed I	200355966	
	epar					ORTHWES:		•						
Us	e Or	ily Firm's addre					STE 200			F	Firm's EIN	26-	2870219	
_		5 dddr			R 97068		210 200				Phone no.	(503		90
Ma	v tha	IRS discuss th	nis return with th				structions				THORIC HO.	(303	X Yes	No
ivia	y uic	ii vo uiscuss li	no return with th	ic highaid	i Showii ab	OVE: OCC 1113	311 UCUUI 13						M I CS	INO

Par	t III	Statement of Program Service Accomplishments	_
		Check if Schedule O contains a response or note to any line in this Part III	
1	-	y describe the organization's mission:	
		vice to our block, community, city, planet by cleaning up our world one block at	
	time	e. We enable everyone to care for the block they love the most, when and how the	<u>y</u>
	<u>wa</u> nt	t, with cleanup supplies we deliver free.	
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior	
	Form 9	990 or 990-EZ?	0
	If "Yes	s," describe these new services on Schedule O.	
3	Did the	be organization cease conducting, or make significant changes in how it conducts, any program services? $\Box$ Yes $\Box$ N	0
		s," describe these changes on Schedule O.	
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Sectio	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, ,
	and re	evenue, if any, for each program service reported.	
4a	(Code	e: ) (Expenses \$ 234,662. including grants of \$ ) (Revenue \$	)
	Rein	magined civic engagementand how we make our communities cleaner and happier. We	
		ble anyone to care for the block they love the most, when and how they want, with	— - '
		on an annualisa an daliman to them for force	·
	<u>C1CC</u>	· <i>*-*</i> *	
4b	(Code	e: ) (Expenses \$ 16,795. including grants of \$ ) (Revenue \$	)
	•	2.5 years, Adopt One Block has created a powerful community of over 7000	
		unteers committed to regularly cleaning up over 9000 square blocks and are	
		ognized as a force for good in the communities we serve.	
	1000		
4c	(Code	e: ) (Expenses \$ 14,831. including grants of \$ ) (Revenue \$	)
	We d	developed proprietary software to to make it easy for anyone to claim their squar	e.
		ck, order fee clean-up supplies, connect to other volunteers in a safe and	
		-relevant manner to build community connection.	
	322		
74			
<del>-u</del>	Other	program services (Describe on Schedule O.)	
<del>-</del> u	Other (Expe		

# Form 990 (2022) Adopt One Block Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) Adopt One Block Part IV 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		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Χ
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 l</i>	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	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>	32		X
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 	Yes	. No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c		
	TFFA0104L 09/01/22	Гажа	oon /	2022

Form 990 (2022) Adopt One Block

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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		
8	<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?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
.,	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	·	Form	990 (	2022)

Form 990 (2022) Adopt One Block Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 X 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Bray & Associates NW LLC 1980 Willamette Falls Drive, Suite 200 West Linn OR 97068 503

Form 990	(2022)	Adopt	One	Block

83-2727724

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)						_		
(A) Name and title			dir	ector/	truste			(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	line)		8			ated				
(1) Dave Rosenfeld	$-\frac{0}{0}$ - $\cdot$	v						0	0	0
Secretary (2) Wendy Wendlandt	0	Х						0.	0.	0.
Vice President	0	Х						0.	0.	0.
(3) Frank Moscow President	_ 30 _			Х				0.	0.	0
(4)	U			Λ				0.	0.	0.
<u>(5)</u>										
<u></u>										
_(8)										
<u></u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

83-2727724

Part VII	Section A. Officers, Directors, Tri	(B)	ney	EII	•	_	es,	and	a nignest Com	ipensated Empi	oyees	(cont	inuea)
	(A)	Position		(D)	(E)		<b>(E)</b>						
	Average hours	hours box, unless person is both an Reportable Reporta									<b>(F)</b> ated am	nount	
	Name and title	week (list any		_					the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual or director	stituti	Officer	ey en	ghest nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	ed .
		related organiza - tions	ctor tr	onal	_	Key employee	ee t com				org	anizatio	115
		below dotted	ndividual trustee or director	institutional trustee		ee	Highest compensated employee						
		line)		ee			ated						
(15)													
(16)		<b> </b>											
(17)													
<u> </u>		1											
(18)													
(19)													
(20)													
		1											
(21)													
(22)													
(23)													
			•										
(24)		<b> </b>											
(25)													
(23)													
1b Subtot	al								0.	0.			0.
	rom continuation sheets to Part VII, Secti								0.	0.			0.
	add lines 1b and 1c)								0.	0.	oncatio		0.
	in per of individuals (including but not limited $ ho$	1 10 111056 1	isteu	abu	ve) v	WHO	recer	veu	more than \$100,00	o or reportable comp	ensano	1	
	<u> </u>											Yes	No
3 Did the	organization list any former officer, direct	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee			ļ.,
	1a? If "Yes, "complete Schedule J for suc										. 3		X
4 For any the org	rindividual listed on line 1a, is the sum o anization and related organizations great	f reportab er than \$1	le co 50,0	тре 00?	ensa If "	ation Yes,	and " con	oth <i>nple</i>	er compensation e <i>te Schedule J for</i>	from			
such ir	ndividual										. 4		X
5 Did any for serv	y person listed on line 1a receive or accruvices rendered to the organization? If "Ye	ie comper s," comple	isatic <i>ete S</i>	n fr <i>che</i>	om <i>dule</i>	any J fo	unre or su	late ch p	ed organization or oerson	individual	. 5		Х
Section B	. Independent Contractors											ı	
1 Comple comper	ete this table for your five highest comper sation from the organization. Report comper	nsated indessation for	epen the c	deni alen	t coı dar '	ntra year	ctors endi	tha ng v	it received more th vith or within the or	han \$100,000 of ganization's tax year			
	(A) (E								(B)		(	C)	
-	Name and business add	iress							Description (	of services	Compe	nsatio	วท 
	umber of independent contractors (including logon of compensation from the organization		ited to	o tho	ose I	listed	d abo	ve)	who received more	than			
Φ100,0	oo or compensation from the organization	0											

		(2022) Adopt One		k				83-2727724	Page 9
Par	t VI	II Statement of Reve							_
		Check if Schedule O co	ontains	a resp	onse or note to any				
						(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
							exempt	business	excluded from tax
							function revenue	revenue	under sections 512-514
Ŋ Ŋ	1a	Federated campaigns		1a					
통	b	Membership dues		1b					
وَ ق	С	Fundraising events		1c					
ar /	d	Related organizations		1d					
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contributions		1e	15,000.				
r Si	f	All other contributions, gifts, gran		-16					
ള	_	similar amounts not included abo Noncash contributions included in		1f	352,291.				
ĘÞ	9	lines 1a-1f		1g					
<u> </u>	h	Total. Add lines 1a-1f				367,291.			
E					Business Code				
ॐ	2a								
ď.	b								
Ğ.	C .								
Se	a								
Program Service Revenue	e 4	All other program service	rovonu						
5	t ~								
<u> </u>	_								
	3	Investment income (includir other similar amounts)	ig aiviae 		nterest, and	40.	40.		
	4	Income from investment of	of tax-e	xempt	t bond proceeds				
	5	Royalties							
			(i) R	eal	(ii) Personal				
		Gross rents 6a							
		Less: rental expenses 6b							
		Rental income or (loss) 6c							
	d	Net rental income or (loss	<u> </u>						
	7a	Gross amount from	(i) Secu	rities	(ii) Other				
		sales of assets other than inventory							
	b	Less: cost or other basis							
	_	and sales expenses 7b Gain or (loss) 7c							
		Net gain or (loss)							
				· · · · · · ·					
ž	Ва	Gross income from fundraising end (not including \$	vents						
ĕ		of contributions reported on line	1c).						
æ		See Part IV, line 18		88	a				
Other Revenue	b	Less: direct expenses		81	b				
₹	С	Net income or (loss) from	fundra	isin <u>g</u>	events				
	9a	Gross income from gaming activi	ities.						
		See Part IV, line 19		98					
		Less: direct expenses		91					
	С	Net income or (loss) from	gamın	g activ	vities				
	10a	Gross sales of inventory, less returns and allowances		10					
		Less: cost of goods sold.		10					
		Net income or (loss) from							
<u></u>	۲		. 50105 (		Business Code				
scellaneous Revenue	11a								
scellaneo Revenue	b								
景景	С								
2 %	А	All other revenue							

367,331

Total revenue. See instructions.....

0.

40.

Form 990 (2022) Adopt One Block 83
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<b>D</b> a.	Check if Schedule O contains a re	esponse or note to any (A)	line in this Part IX (B)	(C)	(D)
Dо 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	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)	0.	0.	0.	0.
7	Other salaries and wages	105,460.	100,187.	2,109.	3,164.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,278.	1,214.	26.	38.
9	Other employee benefits				
10	Payroll taxes	9,480.	9,006.	190.	284.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	500.	475.	10.	15.
С	Accounting	2,285.	2,171.	46.	68.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	668.	635.	13.	20.
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	17,679.	16,795.	354.	530.
13	Office expenses	2,419.	2,298.	48.	73.
14	Information technology	15,612.	14,831.	312.	469.
15	Royalties.	15,012.	14,031.	512.	407.
16	Occupancy				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	293.	278.	6.	9.
23	Insurance	4,174.	3,965.	84.	125.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Cleanup Supplies	98,900.	93,955.	1,978.	2,967.
	CleanUp Suppliers	15,100.	14,345.	302.	453.
С	Program Assistants	3,395.	3,225.	68.	102.
d	_	1,651.	1,568.	33.	50.
e	All other expenses	1,410.	1,340.	28.	42.
25	Total functional expenses. Add lines 1 through 24e	280,304.	266,288.	5,607.	8,409.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720).	·	·		·

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			236,903.	1	326,640.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib	er, director, outor, or 35%			
		controlled entity or family member of any of these per	sons			5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section 4958(f)(1).				6	
	7	Notes and loans receivable, net		· · · · ·		7	
Ø	8	Inventories for sale or use		<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges				9	
As		The state of the s	1				
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1,467.			
	b	Less: accumulated depreciation	10b	489.	1,271.	10c	978.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line		238,174.	16	327,618.	
	17	Accounts payable and accrued expenses	2,205.	17	4,622.		
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities				20	
<u>e</u> s	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35% L		22	
	23	Secured mortgages and notes payable to unrelated th		_		23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25			2,205.	26	4,622.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
<u>ā</u>	27	Net assets without donor restrictions			235,969.	27	322,996.
Ba	28	Net assets with donor restrictions				28	, , , , , , ,
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
ş	30	Paid-in or capital surplus, or land, building, or equipm				30	
SSe	31	Retained earnings, endowment, accumulated income,				31	
Ϋ́	32	Total net assets or fund balances		<u> </u>	235,969.	32	322,996.
Š	33	Total liabilities and net assets/fund balances			238,174.	33	327,618.
RΔ				1L 09/01/22	200,114.		Form <b>990</b> (2022)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	67,3	331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	80,3	304.
3	Revenue less expenses. Subtract line 2 from line 1	3		87,0	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	35,9	969.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3	22,9	996.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	За		Х
_ t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22	_	Form	990	(2022)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Adopt One Block 83-2727724 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support		, ,	e complete i art ii	,		
Cale	ndar year (or fiscal year	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
-	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
15	Public support percentage from 2	2021 Schedule A	Part II, line 14.				%
16a	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the l blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
	<b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization	qualifies as a pu	blicly supported of	organization			
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part \	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances t	ind-circumstances est. The organiza	s test, check this l tion qualifies as a	pox and <b>stop here</b> publicly supporte	e. Explain in Part 'ed organization	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any "unusual grants.")		8,620.	117,155.	523,041.	367,292.	1,016,108.
2	Gross receipts from admissions,		0,020.	117,133.	323,041.	301,232.	1,010,100.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						_
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf						0.
•	facilities furnished by a						
	governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	0.	8,620.	117,155.	523,041.	367,292.	1,016,108.
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from						_
	disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1,016,108.
Sec	tion B. Total Support						
Calon	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
Calcii	dai year (or fiscar year beginning iii)	(a) 2010	(6) 2013	` '			
9	Amounts from line 6	0.	8,620.	117,155.	523,041.	367,292.	1,016,108.
9	Amounts from line 6 Gross income from interest, dividends,				523,041.	367,292.	
9	Amounts from line 6				523,041.	367,292.	1,016,108.
9 1 <b>0</b> a	Amounts from line 6				523,041.	367,292.	
9 1 <b>0</b> a	Amounts from line 6				523,041.	367,292.	1,016,108.
9 1 <b>0</b> a	Amounts from line 6				523,041.	367,292.	1,016,108.
9 10a b	Amounts from line 6				523,041.	367,292.	1,016,108.
9 10a b	Amounts from line 6	0.	8,620.	117,155.			1,016,108. 0.
9 10a b	Amounts from line 6	0.	8,620.	117,155.			0. 0.
9 10a b c 11	Amounts from line 6	0.	8,620.	117,155.			1,016,108. 0.
9 10a b c 11	Amounts from line 6	0.	8,620.	117,155.			0. 0.
9 10a b c 11	Amounts from line 6	0.	8,620.	117,155.			0. 0.
9 10a b c 11	Amounts from line 6	0.	0.	0.	0.	0.	0. 0. 0. 0.
9 10a b c 11	Amounts from line 6	0.  0.  for the organizatio	8,620.  0.  8,620. n's first, second.	117,155.  0.  117,155. third, fourth, or fi	523,041. fth tax year as a s	367,292. section 501(c)(3)	0. 0. 0. 0. 1,016,108.
9 10a b c 11 12 13	Amounts from line 6	0.  0.  for the organizatio stop here	8,620.  0.  8,620.  n's first, second,	117,155.  0.  117,155. third, fourth, or fi	523,041. fth tax year as a s	367,292. section 501(c)(3)	0. 0. 0. 0. 1,016,108.
9 10a b c 11 12 13 14 Sec	Amounts from line 6	0.  0.  for the organizatio stop here	8,620.  0.  8,620.  n's first, second,	117,155.  0.  117,155. third, fourth, or fr	0. 523,041. fth tax year as a s	367,292. section 501(c)(3)	1,016,108.  0.  0.  0.  1,016,108.  X
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	0. for the organizatio stop here	8,620.  0.  8,620.  n's first, second,  ercentage  (f), divided by lir	117,155.  0.  117,155. third, fourth, or fine 13, column (f))	523,041. fth tax year as a s	367,292. section 501(c)(3)	0. 0. 0. 0. 1,016,108.
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	0.  for the organization stop here	8,620.  0.  8,620.  n's first, second,  ercentage (f), divided by lir Part III, line 15	117,155.  0.  117,155. third, fourth, or fine 13, column (f)	523,041. fth tax year as a s	367,292. section 501(c)(3)	0. 0. 0. 0. 1,016,108.
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	0.  0.  for the organizatio stop here  blic Support Po 22 (line 8, column 2021 Schedule A, estment Incon	8,620.  0.  8,620.  n's first, second,	117,155.  0.  117,155. third, fourth, or frame 13, column (f)	523,041. fth tax year as a s	367,292. section 501(c)(3)	0. 0. 0. 0. 1,016,108. X
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	0.  for the organizatio stop here	8,620.  0.  8,620.  n's first, second,  ercentage (f), divided by lir Part III, line 15  ne Percentage column (f), divide	117, 155.  0.  117, 155. third, fourth, or fine 13, column (f))	523,041. fth tax year as a s	367, 292. section 501(c)(3)	0. 0. 0. 0. 0. 1,016,108. X
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	0.  for the organizatio stop here  Diic Support Po 22 (line 8, column 2021 Schedule A, estment Incom or 2022 (line 10c, rom 2021 Schedul	8,620.  0.  8,620.  n's first, second,  ercentage  (f), divided by lir  Part III, line 15  ne Percentage  column (f), divide  e A, Part III, line  d not check the b	117, 155.  0.  117, 155. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and	523,041. fth tax year as a s  mn (f))	367, 292. section 501(c)(3)	1,016,108.  0.  0.  0.  1,016,108.  X
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	0. for the organizatio stop here	8,620.  0.  8,620.  n's first, second,  ercentage  (f), divided by lir  Part III, line 15  1e Percentage  column (f), divide  e A, Part III, line d not check the behere. The organi	117, 155.  0.  117, 155. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and a sation qualifies a	523,041.  fth tax year as a s  mn (f))	367, 292. section 501(c)(3)	1,016,108.  0.  0.  0.  1,016,108.  X  8 8 8 d line 17
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	0. for the organizatio stop here  olic Support Polic Support Polic Support Incomo 2021 Schedule A, estment Incomor 2022 (line 10c, rom 2021 Schedul the organization din this box and stop he organization din the or	8,620.  0.  8,620.  n's first, second,  ercentage  (f), divided by lir  Part III, line 15  ne Percentage  column (f), divide  e A, Part III, line d not check the be here. The organid not check a box	117,155.  0.  117,155. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and a con line 14 or line 14 or line	523,041.  fth tax year as a s  mn (f))	367,292. section 501(c)(3)	1,016,108.  0.  0.  0.  1,016,108.  X  \$  \$  d line 17  1/3%, and

### 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
_	the designation. If historic and continuing relationship, explain.	1	Х	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		X
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		Х
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).	7		X
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).	8		Х
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 <b>Part VI.</b>	9a		X
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 <b>Part VI</b> .	9b		X
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		Х
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		X
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.)	10b		
		<i>/</i> =	000	2022

Par	t IV	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	Ū	overning body of a supported organization?	11a		Х
b	A fan	nily member of a person described on line 11a above?	11b		Х
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		X
Sect	ion l	B. Type I Supporting Organizations			
1	or mo office orgar than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	durin Did th	the tax year.  the organization operate for the benefit of any supported organization other than the supported organization(s)	1	X	
	bene: supp	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		X
Sect	ion (	C. Type II Supporting Organizations			
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees such of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sect	ion I	D. All Type III Supporting Organizations			
	orgar year.	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	organ	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sect	ion l	E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Т	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.	Ī	Yes	No
	Did s suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a	- 53	
b	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2022 Adopt One Block		83-27	27724	Page 6
Pai	→ V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Type III Non-Functional III Non-Functional III Non-Function  Type III Non-Function III Non-Fu	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curren (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
Ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	I Total (add lines 1a, 1b, and 1c)	1d			
-	e <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			
Sec	tion 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	, , , , , , , , , , , , , , , , , , ,	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			

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

BAA Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable 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 — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</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 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022 Part VI

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

Page 8

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	pt One Block			83-2727724
Pai			er Similar Funds or A	ccounts.
	Complete if the organization answered	, ,		
		(a) Donor advised fund	ds <b>(b)</b> F	unds 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 do are the organization's property, subject to the			
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	fit of the donor or donor advisor, or	for any other purpose cor	nferring
Pai	Conservation Easements. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held I		apply).	
	Preservation of land for public use (for exam	nple, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribu		
	Total number of communities community			leld at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation ease. Number of conservation easements on a cer			
			· ·	
(	Number of conservation easements included historic structure listed in the National Regist	ter	2d	
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or to	erminated by the organizatio	on during the
4	Number of states where property subject to o			
5	Does the organization have a written policy r	egarding the periodic monitoring, in	nspection, handling of viola	ations,
6	and enforcement of the conservation easemed Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and en	forcing conservation easeme	ents during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requir	rements of section 170(h)(	4)(B)(i) 
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	eports conservation easements in it to the organization's financial stat	s revenue and expense sta ements that describes the	atement and balance sheet, and organization's accounting for
Pai	Complete if the organization answered	ollections of Art, Historical 7 1 "Yes" on Form 990, Part IV, line 8.	reasures, or Other S	imilar Assets.
1 a	If the organization elected, as permitted undi- historical treasures, or other similar assets h Part XIII the text of the footnote to its financi	ield for public exhibition, education.	or research in furtherance	balance sheet works of art, e of public service, provide in
ŀ	If the organization elected, as permitted und- historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	earch in furtherance of publ	ic service, provide the
	<ul><li>(i) Revenue included on Form 990, Part VIII</li><li>(ii) Assets included in Form 990, Part X</li></ul>	l, line 1		\$
	If the organization received or held works of art, amounts required to be reported under FASE			
	Revenue included on Form 990, Part VIII, lin			
ŀ	Assets included in Form 990, Part X			\$

Part III   Organizations Maintaining Co	ollections of Art, His	toricai Treasures, o	r Otner Similar As	ssets	(contii	пиеа)
3 Using the organization's acquisition, accession, items (check all that apply):	<u></u>	,	ke significant use of its	collectio	on	
a Public exhibition	H	r exchange program				
Scholarly research	e Other					
c Preservation for future generations	P 12 1 11					
4 Provide a description of the organization's collect Part XIII.		•				
5 During the year, did the organization solicit of to be sold to raise funds rather than to be material Part IV Escrow and Custodial Arrangements				Yes		No
Escrow and Custodial Arrance reported an amount on Form 990, Pari	<b>ements.</b> Complete if the X, line 21.	e organization answered	"Yes" on Form 990, Par	t IV, IIN	e 9, or	
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or other	assets not included	Yes	Г	No
<b>b</b> If "Yes," explain the arrangement in Part XIII an					L	
<u> </u>	3 ··· • • • • • • • • • • • • • • • • •			Amoun	t	
<b>c</b> Beginning balance			. 1c			
<b>d</b> Additions during the year			. 1 d			
e Distributions during the year						
<b>f</b> Ending balance						
2 a Did the organization include an amount on Fo				Yes	<u> </u>	No
<b>b</b> If "Yes," explain the arrangement in Part XIII	. Check here if the explar	nation has been provided	d on Part XIII			
Part V Endowment Funds. Complete if	the organization anguards	"Voc" on Form 000 Port	IV line 10			
(a) Curren			(d) Three years back	(0)	Four years	e hack
<b>1 a</b> Beginning of year balance	it year (b) i nor year	(c) Two years back	(u) Tillee years back	(6)	i our year.	) Dack
<b>b</b> Contributions				+		
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses				,		
g End of year balance						
2 Provide the estimated percentage of the curr	ent year end balance (line	e 1g, column (a)) held a	S:			
a Board designated or quasi-endowment	%					
	000					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered t	or the	ſ		
organization by:					Yes	No
(i) Unrelated organizations				3a(i)		<b> </b>
(ii) Related organizations				3a(ii)		<del>                                     </del>
<ul><li>b If "Yes" on line 3a(ii), are the related organiz</li><li>Describe in Part XIII the intended uses of the</li></ul>	•			. 3b		·
Part VI Land, Buildings, and Equipm	_	nt iunus.				
Complete if the organization answered		V line 112 See Form 90	N Part Y ling 10			
			· · · · · · · · · · · · · · · · · · ·	(4)	مرد باه م	lua
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) I	Book va	ilue
<b>1 a</b> Land	_ `	, · · · · /				
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other		1,467.	489.			978.
Total. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part X, c	olumn (B), line 10c.)				978.

BAA Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, Inte 115. See Form 990, Part X, Inte 12.  (a) Description of search as category, (including name of search)  (b) Book value  (c) Method of valuations but or each of year names value  (d) Method of valuations but or each of year names value  (e) Method of valuations but or each of year names value  (f) Form 990, Part X, Inte 12.  (g) Description of Investments  (h) Book value  (g) Method of valuations but in 12.  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but or end of year market value  (g) Method of valuations but in 15.  (g) Method of valuations but in 15.  (h) Book value  (g) Method of valuations but in 15.  (h) Method of valuat	Part VII	Investments — Other Securities.  Complete if the organization answered "Ves" or	Form 990 Part IV line	N/A 11h See Form 990 Part V line 12	
(2) Closely held equity interests.  3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(a) Descri	· · ·		•	of-vear market value
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(3) Other (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	` '				
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(G)	_				
(G)	(B)				
(G)	(C)				
(G)	(D)				
(G)	(E)				
(G) (Total: (Column (D) must equal Form 990, Part X, column (B) line 12).  Part VIII Investments — Program Related. (On Book value (D) Book value (D) Method of valuation: Cost or end-of-year market value (D) (D) Book value (D) Method of valuation: Cost or end-of-year market value (D) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
Total. (Column (a) must equal Form 990, Part X, column (b) line 12).    Total (column (b) must equal Form 990, Part X, column (b) line 12).	(C)				
Total. (Column (a) must equal Form 990, Part X, column (b) line 12).    Total (column (b) must equal Form 990, Part X, column (b) line 12).	(H)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (d) Description of investment (e) Book value (f) Method of valuation. Cost or end-of-year market value (g) Method of valuation. Cost o					
Investments - Program Related.   N/A		(h) must equal Form 990, Part X, column (R) line 12.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (d) (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				M / Δ	
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (c) (d) (d) (d) (d) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) fine 13.)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).    Part IX					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Federal income taxes (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(b) must equal Form 990, Part X, column (B) line 13.)			
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(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(1)	(a) De	scription		(b) Book value
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain	(11)				
				nancial statements that reports the organization's	s liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial State	<u>-</u>	r Return. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 с
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	oer Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1 Total expenses and losses per audited financial statements		
		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		1
		1
a Donated services and use of facilities	2a 2b	1
<ul><li>a Donated services and use of facilities</li><li>b Prior year adjustments</li></ul>	2a 2b 2c	1
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> </ul>	2a 2b 2c 2d	
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.)</li> </ul>	2a 2b 2c 2d	2e
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2a 2b 2c 2d	2e
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d	
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2a 2b 2c 2d 4a	
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.).</li> <li>e Add lines 2a through 2d.</li> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b.</li> </ul>	2a 2b 2c 2d 4a 4b	2e 3
<ul> <li>a Donated services and use of facilities.</li> <li>b Prior year adjustments.</li> <li>c Other losses.</li> <li>d Other (Describe in Part XIII.).</li> <li>e Add lines 2a through 2d.</li> <li>3 Subtract line 2e from line 1.</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b.</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2a 2b 2c 2d 4a 4b	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Adopt One Block

83-2727724

### Form 990, Part VI, Line 11b - Form 990 Review Process

The president of the Adopt One Block is provided the 990 for review before submission. He shares the document with other board members at his discretion.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.