## **990**

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

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

**2023** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Ā	For the	2023 calend	ar year, or tax year beginning	01/01/2023	and ending		12/31/2	2023								
В	Check if a		C Name of organization STRATEGIE	S FOR INTERNATIONAL D	EVELOPME	ENT		D Emp	loyer	dentification	number					
$\overline{\Box}$	Address of		Doing business as						9	8-0120837						
H	Name cha	-	Number and street (or P.O. box if mail	I is not delivered to street addre	ess)	Room	/suite	E Tele	ohone	number						
님	Initial retu	_	330 Pennsylvania Ave SE Suite 3		·				20	2-544-1115						
H		n/terminated	City or town, state or province, country		de											
H			Washington, DC 20003	y, and zir or foreign poolar or				G Gros	s rece	ipts \$	418,781					
片	Amended		F Name and address of principal officer:	Charles A Patterson			H(a) Is this a or	_		rdinates? 🔲 Ye						
Ш	Application	n pending	330 Pennsylvania Ave SE, Suite 3		12					cluded? T						
-	T-11 -110-	nt status	330 Pennsylvania Ave SE, Suite 3  √ 501(c)(3)	) (insert no.) 4947(a)(			If "No," attac									
÷		npt status:		) (moort no.) [ 10 17 (a)(	<del>, , , , , , , , , , , , , , , , , , , </del>		H(c) Group e	<b>I</b>								
<u></u>		www.sid	Corporation Trust Association	Other	L Year of for	mation		_		gal domicile:	DC					
È	art I	Summa			2 1041 01101		1001		-							
			cribe the organization's mission	or most significant activ	ities: Strat	enies	for Internal	ional I	Devel	opment (SID	1)					
ø.	' '	brieny ues	formers graduate from poverty by	v halning them build succ	occful farm	busi	nesses that	increa	se th	ir income.	fhis					
Governance	-	neips poor	poor farmers graduate from poverty by helping them build successful farm businesses that increase the conserving the natural resources upon which their agro-businesses depend. We also help women pl													
Ë		Chook this	box if the organization disc	ontinued its operations of	r disnosed	of m	ore than 2	5% of	its ne	t assets.						
OVE.			voting members of the governir					3	Ī		5					
۳			independent voting members of					4	+		5					
es 6	1		per of individuals employed in ca					5	+-		1					
Activities &			per of individuals employed in or per of volunteers (estimate if neo					6	+-		0					
Ę			ated business revenue from Par					7a	<del>                                     </del>		0					
•			ed business taxable income fro					7b	1		0					
_	, D	ivet unitera	ed business taxable income no	71111 O1111 000 1, 1 dit 1, 111		i	Prior Yea		1	Current Ye						
	8	Contributio	ons and grants (Part VIII, line 1h)					263,77	<u>-</u>		418,781					
Ē	1		ervice revenue (Part VIII, line 2g)		5		0									
Revenue	1	_	t income (Part VIII, column (A), li				0									
æ			nue (Part VIII, column (A), lines 5	<del></del>	5		0									
			ue—add lines 8 through 11 (mus			263,77	+		418,781							
			similar amounts paid (Part IX,			_		- 1	5		0					
	B.		aid to or for members (Part IX, c						0		0					
	4-	•	her compensation, employee ber	152,44	2		190,040									
Expenses	16a		al fundraising fees (Part IX, colu					<del></del>	0		0					
Sen	b		raising expenses (Part IX, colum		0											
Ä	17		enses (Part IX, column (A), lines			-		128,90	5		207,550					
			nses. Add lines 13–17 (must eq		ne 25)			281,34	$\overline{}$		397,590					
			ess expenses. Subtract line 18 f					-17,57			21,191					
<u> </u>		1 tovorido i	oss expenses. Cabilder into 10 ii	1011111110 12 1 1 1			ginning of Cur	<del></del>		End of Ye						
sts	20	Total assa	ts (Part X, line 16)					98,14			134,212					
Asse	21		ties (Part X, line 26)			-		1,85			16,733					
Net Assets or	22		or fund balances. Subtract line					96,28	_		117,479					
	art II		re Block			'										
11	nder penal	ties of periun	I declare that I have examined this retu	urn, including accompanying so	hedules and s	tatem	ents, and to th	e best	of my i	nowledge and	belief, it is					
tri	ue, correct	, and comple	e. Declaration of preparer (other than off	icer) is based on all information	of which prep	oarer h	as any knowle	dgė.								
							1									
Si	gn	Signature	of officer				Da	ite								
	ere	Judith R	usso, Program and Financial Dire	ector												
			rint name and title													
_	nid	Print/Typ	preparer's name P	reparer's signature		Date		Chec		f PTIN						
	aid repare	<u>.</u> _					self-e	mploy	ėd							
	repare se Onl	Circuit and	me				Firm	's EIN								
_		Firm's ad					Phor	ne no.								
M	ay the IF	RS discuss	this return with the preparer sho	own above? See instruct	ions	•	<u> </u>	<u>.  .</u>	<u> </u>	☐Yes	□ No					
Fo	r Paperv	vork Reduc	tion Act Notice, see the separate	instructions.	Cat	t. No.	11282Y			Form	<b>990</b> (2023)					

0/111 99	Ų (2023)	i	1 ugo <b>_</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:		
	Strategies for International Development (SID) develops, applies, and promotes better methods for eradic	ating rur	al poverty. We
	help small farmers make the transition from subsistence to successful commercial farming. We carryout	programs	s in the poorest
	regions of Guatemala and Peru.		
	Did the organization undertake any significant program services during the year which were not list	ed on th	
2	prior Form 990 or 990-EZ?		✓ Yes □ No
	If "Yes," describe these new services on Schedule O.		<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any	progran	n
_	services?		☐ Yes  ☑ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	n service	s, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant	s and all	ocations to others,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 175,229 including grants of \$ ) (Revenue		184,569 )
	In Guatemala, in 2023 we continued our regional program in Alta Verapaz. Farmers in the general popula	tion are ir	creasing their
	knowledge and adopting practices to help them graduate from poverty. The results for early-adopter conthree groups: (I) 40 original communities in the municipalities of San Cristóbal and Carchá; (II) 21 original	il commu	nitiae in tha
	municipality of Cobán; and (II) 60 new communities in all three municipalities. The 715 coffee farming far	nilies in C	roup Lincreased
	their income from the baseline of \$106 to \$828 a year from coffee. The 477 families in Group II increased	their inco	me to \$542,
	and the 2,165 families in Group III to \$452. Nearly all of the women have second businesses. They raise a	nd sell cl	nickens, pigs,
	ducks, and turkeys for meat; produce eggs; grow vegetables, fruit, and coffee tree seedlings; roast and	ground co	ffee; and
	produce traditional embroidered blouses. The average earnings per business of the 824 women from the	original (	1 communities
	went from \$183 to \$586. The average earnings per business of the 1,145 women from the 60 new commu	nities wer	it from \$127 to
	\$502.	ļ	
4b	(Code: ) (Expenses \$ 19,606 including grants of \$ ) (Revenue	\$	20,651 )
40	In Peru, in 2023 we continued to provide technical assistance to the dairy-producing families that receive		
	micro-credit program. We helped farmers make business plans as well as improve their land-use plans.	We provic	ed technical
	assistance in the practices that improve the health and nutrition of their dairy cows.		
		<u> </u>	
		ļ	
		<u> </u>	
4c	(Code: ) (Expenses \$ 65,686 including grants of \$ ) (Revenue	\$	69,187 )
	In Uganda, in 2023, we continued our regional program in the Luweero District. Farmers in the general po		~~~~~~~~~
	their knowledge and adopting practices to help them graduate from poverty. The farmers in the early-ad-		
	their productivity from 113 to 124 kilos per 1/4 acre of coffee, sold more coffee in dried cherries, and had	significa	nt price
	increases. As a result, they increased their income from \$227 to \$487. Also, the number of participating		
	961 to 1,705. We added the women's program in the project's second year. 1,145 women started or expansion		
	second businesses. All the women made business plans for their second businesses and evaluated their	r results.	The average
	annual income for all the businesses was \$88.		
		<b></b>	
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2		
	(Expenses \$ 51,037 including grants of \$ 0) (Revenue \$ 53,757)		
4e	Total program service expenses 311.558	( !	

Form **990** (2023)

art l	Checklist of Required Schedules		T	Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A	If "Yes,"	1	<b>√</b>	110
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opportunity candidates for public office? If "Yes," complete Schedule C, Part I	osition to	3	✓	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a sect election in effect during the tax year? If "Yes," complete Schedule C, Part II	on 501(h)	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part II	hip dues,	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which have the right to provide advice on the distribution or investment of amounts in such funds or accuracy "Yes," complete Schedule D, Part I	h donors counts? If	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve op the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets		7		✓
8	complete Schedule D, Part III		8		✓_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; so custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit debt negotiation services? If "Yes," complete Schedule D, Part IV	repair, or	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted end or in quasi-endowments? If "Yes," complete Schedule D, Part V		10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D VII, VIII, IX, or X, as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI		11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 59 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		<u>✓</u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 59 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its to reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d	✓	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule II.	addresses	11e		<b>√</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI and XII	complete	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the ta "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII		12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ .		13		✓_
14a	, , , , ,		14a	<b>/</b>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grafundraising, business, investment, and program service activities outside the United States, or foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	aggregate	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assist for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grant assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising separt IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	ervices on	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contrib Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, If "Yes," complete Schedule G, Part III		19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		<b>✓</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retu Did the organization report more than \$5,000 of grants or other assistance to any domestic organ		20b		
۷۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		21		✓

Part	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 indiversely, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation organization's current and former officers, directors, trustees, key employees, and highest comemployees? If "Yes," complete Schedule J	on of the pensate	e d 23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of r \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer	nore tha	n 🗀		•
	through 24d and complete Schedule K. If "No," go to line 25a		248		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception	າ?	24t	·	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during to defease any tax-exempt bonds?		240		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exceptransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ır? ss benef 	24d it 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person year, and that the transaction has not been reported on any of the organization's prior Forms 990 of "Yes," complete Schedule L, Part I	in a pric 990-EZ	r 📉		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to a or former officer, director, trustee, key employee, creator or founder, substantial contributor controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	ny currer or 35%	nt 6 <b>26</b>		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, tremployee, creator or founder, substantial contributor or employee thereof, a grant selection emember, or to a 35% controlled entity (including an employee thereof) or family member of any persons? If "Yes," complete Schedule L, Part III	ommitte	е		1
28	Was the organization a party to a business transaction with one of the following parties? (See the L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	Schedul	е		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial cont "Yes," complete Schedule L, Part IV	ributor?	lf 28a	ı	<b>✓</b>
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. A 35% controlled entity of one or more individuals and/or organizations described in line 28a "Yes," complete Schedule L, Part IV	 or 28b?	28t /f		1
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Sched Did the organization receive contributions of art, historical treasures, or other similar assets, or conservation contributions? If "Yes," complete Schedule M		29 d 30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? complete Schedule N, Part II		/ 31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Resections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	egulation			1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, or IV, and Part V, line 1	Part II, II			1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction.	on with	35		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-			1	
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	 panizatio	n 36	-	<b>√</b>
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	, <i>Part VI</i> s 11b an	<b>37</b>		1
Part			38	<u>  √</u>	
	The state of the s		· ·	Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Later the number of Forms W-2G included on line 1a. Enter -0- if not applicable Later Lat	dors an	<b>0</b> <b>0</b> d		
	reportable gaming (gambling) winnings to prize winners?		1c	✓	<u> </u>

art	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	:	1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ırns?	2b	J	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		1
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	e O	3b		<del></del>
b	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account.)	count)?	' 4a		./
			70		V
b	If "Yes," enter the name of the foreign country	+o (EDAD	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ILS (FDAN			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	acuon?	5b 5c	ļ	-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	d did th		<del> </del>	<del> </del>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	d did til	6a	1	
_	If "Yes," did the organization include with every solicitation an express statement that such contri	hutions o			_
b	gifts were not tax deductible?		6b		
-	Organizations that may receive deductible contributions under section 170(c).		- OB		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for good			
а	and services provided to the payor?		7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it wa		<b>-</b>	
·	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract	? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f	1	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fol		-	†···-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by th			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>	ļ			
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.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
þ	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		_		
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	+	<b>√</b>
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheols the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remui	nule U .	14b	<del> </del>	ļ
	excess parachute payment(s) during the year?	3,41011	15		1
	If "Yes," see the instructions and file Form 4720, Schedule N.	• • •	13		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income	? 16		1
	If "Yes," complete Form 4720, Schedule O.		. 10		•
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any	v activitie	s		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	[]	17		
	If "Yes," complete Form 6069.				
		<del></del>		000	1 (0000)

Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on So Check if Schedule O contains a response or note to any line in this Part VI	hedule C	). See in:	struct	tions.
Section	on A. Governing Body and Management				
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.		5	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?		2		✓_
3	supervision of officers, directors, trustees, or key employees to a management company or other pe	rson?.	3		<u> </u>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or other persons who had the person	sets?.	5 6		<b>√</b> ✓
b	one or more members of the governing body?		7a		✓
8	stockholders, or persons other than the governing body?	en during	7b		<b>√</b>
a b	The governing body?		8a 8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rethe organization's mailing address? If "Yes," provide the names and addresses on Schedule O	eached a	t 9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Inter	nal Rev	enue Co	ode.)	
			40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a , 10b		<b>√</b>
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe on Schedule O the process, if any, used by the organization to review this Form 990.	the form	? 11a		
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	<b>√</b>	
13	describe on Schedule O how this was done		12c	<b>√</b>	<b>√</b>
14 15	Did the organization have a written document retention and destruction policy?			V	
a b	The organization's CEO, Executive Director, or top management official	1	15a 15b		<b>√</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arm with a taxable entity during the year?		t 16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to exparticipation in joint venture arrangements under applicable federal tax law, and take steps to safe organization's exempt status with respect to such arrangements?	guard the			
	on C. Disclosure	<u> </u>			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>pc</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<b>/</b> .	0-T (sec	tion 5	501(c)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule Describe on Schedule O whether (and if so, how) the organization made its governing documents and financial statements available to the public during the tax year.		of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's bound of the person who possesses the organization of the person of the pers	oks and			
	330 Pennsylvania Ave SE Suite 304, Washington, DC 20003		Form	л <b>990</b>	(2023)

Page	7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	Employees,	and
	Independent Contractors			
	OL 1 KO L LL O contains a management to any line in this Bort VII	i		

- 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 no	any relate	d org	aniz	atio	n c	ompe	nsa	ted any current	officer	, director	, c	r trustee.
				((	<b>)</b>							
(A) Name and title	(B) Average hours	box.	ot ch unles	s pe	more	than o is both or/trus	n an	(D) Reportable compensation from the	com	(E) portable pensation n related		(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	normalization (W-2/ 1099-MISC/ 1099-NEC)	organiz 109	rations (W-2 99-MISC/ 99-NEC)	9-MISC/ organiz	
Judith Russo	40.00				,	,		00.400				0
Program and Financial Director			├	-	✓	<b>✓</b>	<del> </del>	60,480		•	4	0
Nancy Hirschhorn  Board President	1.00	1						0			o	0
Christopher Goldthwait	1.00										П	
Board Treasurer		1	<u> </u>					0			o	0
Dan Berman	1.00	]		1								
Board Member		✓			L			0			o	0
Martha Rebour	1.00											
Board Member		<b>✓</b>			Ļ		<u> </u>	0			91	0
Amanda Jennings	1.00	_						_				_
Board Member		<b>✓</b>	-	<u> </u>			-	0	-		P	0
Charles Patterson	40.00											
Executive Director		ļ	ļ	✓	✓		_	0	<u> </u>		인	0
		-									ļ	
	ļ											

Part	VII Section A. Officers, Directors, 1	rustees, l	Key I	Ξmj	ploy	yee	s, an	d H	lighest Compe	nsate	d Emple	yees (continued)
						C)						
	(A)	(B)	1			ition			(D)		(E)	(F)
	Name and title	Average					than c is both		Reportable	Rep	ortable	Estimated amount
	14.110 3.12 1.110	hours					or/trust		compensation		pensation	of other
		per week	9 ₹	5	Q	~	g <u>∓</u>	ਨ੍ਹਾਂ	from the organization (W-2/		h related ations (W-2/	compensation from the
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	1099-MISC/		9-MISC/	organization and
		related	dua	l₫	~	픨	st c	44	1099-NEC)	109	9-NEC)	related organizations
		organizations	7 7	횰		Į v	om					
		below dotted line)	ste	Spr		ď	) on					
			0	ee			Highest compensated employee					
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			<u> </u>	L	L.							
1b	Subtotal								60,480		0	0
c	Total from continuation sheets to Part	VII, Section	n A									
d	Total (add lines 1b and 1c)						·		60,480		0	0
2	Total number of individuals (including	but not	limite	ed	to	thos	se lis	ted	above) who re	eceive	d more	than \$100,000 of
	reportable compensation from the organi	ization							0			
												Yes No
3	Did the organization list any former	officer, dire	ector,	tru	ıste	e, I	сеу е	mp	loyee, or highes	st con	pensate	d
	employee on line 1a? If "Yes," complete											3 🗸
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe						e
•	organization and related organizations											
	individual											4 /
5	Did any person listed on line 1a receive of	or accrue c	omne	กรล	tion	fro	m anı	ı ur	related organiza	tion or	individu	
J	for services rendered to the organization											5 🗸
Cooti		, , , , ,	301110			100				•		] 5   4
Secu	on B. Independent Contractors  Complete this table for your five high	neet comp	anaat	o d	ind	ana	ndont		antroctors that	roooii re	d more	than \$100,000 of
'	compensation from the organization. Rep											
	compensation from the organization. Rep	or comper	ISALIO	11 10	T LIT	e Ca	llenua	ı ye	ear ending with or	WILLIII	i ille olga	inzation s tax year.
	(A) Name and business add	troop							(B) Description of ser	dese		(C) Compensation
	Name and business add	11000						-	Description of ser			Compensation
None								$\vdash$				
								$\vdash$				
								1				
	Total number of independent contractor	ore (includi	na h	ı+ <b>-</b> -	10+	lim:	tad to	) }	hose listed show	(a) 14th		
~	received more than \$100,000 of compens						iou il	<i>-</i> (1		∪j ₩II	ĭ	
	. 333.754 more man wroo,000 or compens			. 9 ui	<u>_</u> u	.,0,,			0			

Part VIII			atement of Revenue neck if Schedule O contains a response or note to any line in this Part VIII											
		Official in Confidence	0 00.	Tamo a ro	<u> </u>	00 01 11010 10 41	(A) Total revenue	(B) Related or exempt function revenue		(C) Unrelated ness revenu	je	(D) Revenue excluded from tax under sections 512–514		
Contributions, Gifts, Grants, and Other Similar Amounts	_	Federated campaigr Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f.	ns . (continues, gifut incluence)	ributions) ts, grants, ided above cluded in	1a 1b 1c 1d 1e 1f 1g	0 0 0 0 0 418,781	418,781							
Program Service Revenue	2a b c d e f	All other program service revenue				Business Code	0	0			0	0		
	3 4 5	Investment income other similar amoun Income from investment Royalties	(incl	uding divid	dends		0 0	0			0	0 0		
	6a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income o	6a 6b 6c		0	0		Charles of the Charle			0	93996 1		
	7a	Gross amount from sales of assets other than inventory Less; cost or other basis	7a	(i) Securit	ies 0	(ii) Other								
Other Revenue	c d 8a	and sales expenses .  Gain or (loss) .  Net gain or (loss)  Gross income from	7b 7c  m fu		0		1	0			0	0		
ō	b	events (not including of contributions rel 1c). See Part IV, line Less: direct expens	porte e 18 es .		8a 8b	0								
	c 9a b	Net income or (loss) Gross income 1 activities. See Part I Less: direct expens	from IV, line	gaming e 19 . 	9a 9b	0		The state of the s			0			
	0 10a b	Net income or (loss) Gross sales of ir returns and allowan Less: cost of goods	nvento ices s sold	ory, less	10a 10b	0					0	0		
Miscellaneous Revenue	11a b	Net income or (loss		i sales Ul If		Business Code					0			
Misce	d e 12	All other revenue Total. Add lines 11a					0 0 418 781	0			0			

Page 10 Form 990 (2023) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) Management and general expenses (D) Fundraising (B) (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) Program service expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 0 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 n Benefits paid to or for members . 0 0 Compensation of current officers, directors, trustees, and key employees . . . . 52,480 0 0 52,480 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 0 124,694 124,694 0 0 Other salaries and wages 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 Other employee benefits . . . . . . 0 0 0 9 0 0 8,239 4,627 10 12.866 Fees for services (nonemployees): 11 0 Management . . . . . . . 0 0 0 0 0 b 0 0 0 0 Accounting . . . . . . . . . . 0 Lobbying . . . . . . . . . . . 0 0 0 0 d Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 0 23,509 15.873 7,636 Advertising and promotion . . . . 0 12 0 n Office expenses . . . . . . 5,906 4,756 1.150 0 13 14 Information technology . . . . 0 0 0 0 15 Royalties . . . . . . . . . . . 0 0 0 0 9,401 16 15,004 5,603 0 17 64,225 61,764 2,461 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 0 0 Conferences, conventions, and meetings . 0 0 0 19 0 0 0 20 0 0 Payments to affiliates . . . . . . . . . 0 0 21 0 n Depreciation, depletion, and amortization . 3,035 5,077 0 22 8,112 O 23 0 n Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Program Supplies 51,243 51,243 0 Communications 2,242 0 4,409 6,651 Training and Seminar Costs 4,988 0 0 C 4,988 0 0 Printing and Publications 1,925 1,925 e All other expenses 4,756 0 21,231 25,987 Total functional expenses. Add lines 1 through 24e 86,032 0 397,590 311,558 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) . . .

P	art X	Balance Sheet				_
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>		<u> </u>
			(A) Beginning of year			(B) End of year
	1	Cash—non-interest-bearing	50,912	1		71,574
	2	Savings and temporary cash investments	0	2		0
	3	Pledges and grants receivable, net	0	3		0
	4	Accounts receivable, net	24,014	4		22,229
	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		0
	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	6		7,044
G	7	Notes and loans receivable, net	O,	7		0
Assets	8	Inventories for sale or use	1,858	8		17,080
As	9	Prepaid expenses and deferred charges	0	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	nise in the second			
	b	Less: accumulated depreciation 10b	0	10c		
	11	Investments—publicly traded securities	0			0
	12	Investments—other securities. See Part IV, line 11	0	12		0
	13	Investments-program-related. See Part IV, line 11	0	-		0
	14	Intangible assets	0	-		0
	15	Other assets. See Part IV, line 11	21,362	-	L	16,285
	16	Total assets. Add lines 1 through 15 (must equal line 33)	98,146			134,212
	17	Accounts payable and accrued expenses	0			-347
	18	Grants payable	0		L	0
	19	Deferred revenue	0			0
	20	Tax-exempt bond liabilities	0	-	_	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21		0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
jab		controlled entity or family member of any of these persons	0	+	L	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	+=-	H	0
	24 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 of Schedule D	1,858	24		17,080
	26	Total liabilities. Add lines 17 through 25	1,858			16,733
ces	20	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	1,030			TO TO THE PROPERTY OF THE PROP
~	27	Net assets without donor restrictions	50,560	27		56,168
Bal	28	Net assets with donor restrictions	45,728		t	61,311
Net Assets or Fund Balar	20	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	10/120			na list
ō	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	İ	30		
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	Γ	
¥	32	Total net assets or fund balances	96,288	32		117,479
Ž	33	Total liabilities and net assets/fund balances	98,146			134,212
						Form <b>990</b> (2023)

orm 99	90 (2023)			Pag	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	418,781		
2	Total expenses (must equal Part IX, column (A), line 25)	2	397,590		
3	Revenue less expenses. Subtract line 2 from line 1	3	21,191		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		96	5,288
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7	0		
8	Prior period adjustments	8	0		
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		117	7,479
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>		<u> </u>
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," es Schedule O.	xplain on		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both.	 npiled or	2a		✓
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	 ited on a	<b>2b</b>	<b>✓</b>	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent accounts the organization changed either its oversight process or selection process during the tax year, eschedule O.	ant? .	2c	<b>✓</b>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	rth in the	3a		<b>√</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				<u> </u>
Form <b>990</b> (2					(2023)