Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

, 20

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning

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.

2022, and ending

В	Check if a	applicable:	C							D Employ	er identifi	cation number	
	Addr	ess change	SUSTAINAB				ON			84-3	38968	56	
	Nam	e change	3800 N CL			C-80				E Telepho	ne numbe	r	
	Initia	OKLAHOMA CITY, OK 73118										5837	
	Final r	return/terminated											
	X Ame	nded return								G Gross re	eceipts \$	38	5,969.
	Appl	ication pending	F Name and addr	ess of princi	pal officer:				H(a) Is this	a group retur	n for subo		es X No
	Ш		Same As C	Ahove					H(b) Are al	I subordinates " attach a list.	included?	. П _У	es No
	Tax-exe	empt status:	X 501(c)(3)	501(c)		nsert no.)	4947(a)(1)	or 527	It "No,	" attach a list.	See instr	uctions.	
J	Webs		W.NONDOC.		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()()		H(c) Group	exemption nu	ımber		
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	1 B	riefly descri	be the organiza	tion's mis	sion or most s	significant ac	ctivities: o	Soo Schoo	dulo 0				
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Governance	-						. — — — –						
Š	2 C	heck this bo	x if the	organizat	ion discontinu	ed its operat	tions or di	sposed of mo	ore than 2	25% of its	net ass	ets.	
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	8 C	ontributions	and grants (Pa	rt \/III lir	no 1h)					Prior Year	OF	Current	
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en			come (Part VIII								11.		20.
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			er compensation	-	•					250,9	138	26	0,073.
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			es. Add lines 13							336,1			9,639.
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May	/ the IR	S discuss th	is return with th				ructions			. HONE HU.	(400	X Yes	No No
1710)			io rotarri witii ti	· · · · · · · ·	JIIOWII ADOV							- 163	110

Par		Statement of Program Se							77
-		Check if Schedule O contains a		ny line in this Part	i III				X
	-	lescribe the organization's miss	SION:						
	See_S	chedule 0							
2	Did the	organization undertake any signifi	cant program services of	uring the year which	h ware not listed on th	ne prior			
2			program services c					es X	No
		describe these new services on \$					□ .	es V	NO
		organization cease conducting,		nangos in how it o	anducts any progra	m convicos?		res X	No
3		describe these changes on Sche		langes in now it c	oriducts, arry program	iii seivices:	· · 📙	res X	NO
4		e the organization's program se						h., a., a.	
4	Section	501(c)(3) and 501(c)(4) organi	zations are required to	report the amoun	nt of grants and alloc	ations to other	rs, the to	tal expen	ises.
	and reve	enue, if any, for each program	service reported.						
4a	(Code:		299,281. incl			_)
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		the prior calendar							
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	impro	ove the public's acc	ess to our rep	orting					
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4d		rogram services (Describe on S		ć		Ċ			
	(Expens		including grants of) (Revenue	e \$)	
4e	rotal pr	ogram service expenses	299,283	- •					

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	Х	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		Х
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		Х
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	
	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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)? <i>If "Yes," complete Schedule D, Part X</i>	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		Х
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? If "Yes." complete Schedule F. Parts I and IV.	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
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		X

Form 990 (2022) SUSTAINABLE JOURNALISM FOUNDATION 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		Х
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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		X
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		Х
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		Х
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		Х
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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	Х	
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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.		
ВΛΛ	(garnbling) winnings to prize winners?	1c	990 ((0000

Form 990 (2022) SUSTAINABLE JOURNALISM FOUNDATION

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		
За	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
6a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
^	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	36		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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		
	Note: 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	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
,,	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
Α ^	If "Yes," complete Form 6069. TEEA0105L 09/01/22	F-	000	2000
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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: a The governing body?.... X 8a **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. 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 Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **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.

WILLIAM W SAVAGE III 804 NW 35TH ST OKLAHOMA CITY OK 73118 570-634-5837

Form 990 (2022)

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

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

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

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

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

BAA

Check this box if neither the organization nor any rela	ated organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours per	is	both dir	an o	officer /truste	eck moss personal and a dee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	elated organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) WILLIAM W SAVAGE III	40			.,				47 000		
Trustee	0			Χ				47,900.	0.	0.
(2) VICTORIA STILL Trustee	$-\frac{0}{0}$	Х						0.	0.	0.
(3) GRACE FRANKLIN	0									• • • • • • • • • • • • • • • • • • • •
Trustee	0	Х						0.	0.	0.
(4) MICHAEL DUNCAN	0									
Secretary	0			Χ				0.	0.	0.
(5) JIM QUILLEN	0									
Treasurer		1		Χ				0.	0.	0.
(6) WARREN VIETH	00									
Chairman	0			Χ				0.	0.	0.
(8)										
		-								
(10)										
(11)										
(12)										
(13)										
(14)										

TEEA0107L 09/01/22

Part VII	Section A. Officers, Directors, 110	1	ney	Em	•		es,	and	a nignest com	ipensated Empi	oyees	(cont	inuea)
	(A)	(B) (C) Position Average (do not check more than one		(D)	(F)		(E)						
	Average hours per	box	, unle	ess pe	erson	than is both or/trus	h an	(D) Reportable	(E) Reportable	Fstim:	(F) ated am	nount	
	Name and title	week (list any	_	-					compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual or director	stitut	Officer	ey en	ghesi nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	ed .
		related organiza - tions	ctor	onal	_	Key employee	ee (com				orga	anizatio	115
		below dotted	Individual trustee or director	nstitutional trustee		ee	Highest compensated employee						
		line)		8			ated						
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
		1											
(21)		1											
(22)													
(23)													
			•										
(24)													
(25)													
(23)		 											
1b Subto	tal								47,900.	0.			0.
	from continuation sheets to Part VII, Secti								0.	0.			0.
	add lines 1b and 1c)umber of individuals (including but not limited								47,900.	0.	oncotio		0.
	he organization 0	i to those i	isteu	auu	ve) i	WIIO	recer	veu	more than \$100,00	o or reportable comp	ensauo	1	
	5											Yes	No
3 Did the	e organization list any former officer, direc	tor, truste	e, ke	еу е	mpl	oyee	e, or	high	nest compensated	employee			
	e 1a? If "Yes, "complete Schedule J for suc										3		X
4 For an	ly individual listed on line 1a, is the sum of ganization and related organizations greate	f reportab er than \$1	le co 50,00	mpe 00?	ensa If "	ition Yes,	and " con	oth nple	er compensation ete Schedule J for	from			
such i	ndividual										4		X
5 Did an for ser	y person listed on line 1a receive or accruvices rendered to the organization? If "Ye:	e comper	isatio ete S	n fr che	om dule	any any	unre	late	ed organization or	individual	5		Х
Section E	3. Independent Contractors											l	<u>,</u>
1 Compl	ete this table for your five highest compen nsation from the organization. Report compen	sated indessation for	epen	den alen	t coi dar	ntra vear	ctors endii	tha ng v	it received more the sith or within the or	han \$100,000 of ganization's tax year.			
	(A) Name and business add					<i>y</i> = =			(B))	((C)	
	Name and business add	ress							Description of	of services	Compè	nsatio	วท
	number of independent contractors (including the		ited to	o the	ose I	listed	d abo	ve)	who received more	than			
\$100,0	\$100,000 of compensation from the organization 0												

		Check if Schedule O contains a re	esponse or note to any	y line in this Part VI	IL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns 1: Membership dues 1! Fundraising events 1: Related organizations 1: Government grants (contributions) 1:	b c d				
Contributions and Other Sir	f g h	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f	f 385,949.	385,949.			
	- ''	Total. Add lines Ta-II	Business Code	385,949.			
ηne	_		Busiliess Code				
Program Service Revenue	2a b c d e						
gra	f	All other program service revenue					
č	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends other similar amounts)	s, interest, and	20.	20.		
	5	Royalties					
	b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)					
		Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
		and sales expenses 7b Gain or (loss) 7c					
		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b				
the							
δ		Net income or (loss) from fundraisin Gross income from gaming activities.	g events				
		See Part IV, line 19	9a 9b				
	С	Net income or (loss) from gaming ac	ctivities				
		Gross sales of inventory, less	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of ir					
10	Ť		Business Code				
3	11 ₂						
ጀ	ı ıa		_				
ᆸ	D		_				
Miscellaneous Revenue	11a b c d						
<u>종</u> ~							
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		385.969	20.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations mu	st complete all co	lumns. All other	organizations must	complete column (A).	
Check i	f Schedule O contai	ns a response or	r note to any lin	e in this Part IX		

_	Check if Schedule O contains a r	(A)	(B)	(C)	(D)
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	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					
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	47,900.	47,900.	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described	·	47,900.	0.	0.
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	193,691.	148,275.	15,208.	30,208.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,482.	15,008.	1,163.	2,311.
11	Fees for services (nonemployees):				
	Management				
	Legal	7,196.	3,598.	3,598.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
12	Advertising and promotion	11,523.	11,523.		
13	Office expenses	·	·		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,258.	2,258.		
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	1,907.	1,907.		
23	Insurance	1,073.		1,073.	
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	Contract Labor	61,454.	61,454.		
	Office Supplies & Software	8,604.	3,012.	3,011.	2,581.
С	PayPal Fees	2,320.	2,320.		
d	Utilities	1,068.		1,068.	
	All other expenses	2,163.	2,026.	68.	69.
25	Total functional expenses. Add lines 1 through 24e	359,639.	299,281.	25,189.	35,169.
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)				

Part X Balance Sheet

### Accounts payable and accrued expenses ### Accounts payable and account liability. Complete Part IV of Schedule D ### Accounts payable and account liability. Complete Part IV of Schedule D ##			Check if Schedule O contains a response or note to	any lir	ne in this Part X	<u></u>	<u></u>	
2 Savings and temporary cash investments.						(A) Beginning of year		(B) End of year
3 Pledges and gramts receivable, net 3 4 Accounts receivable, net 4 Accounts receivable, net 4 4		1	g .		L	57,735.	1	90,650.
A Accounts receivable, net. A		2				77,921.	2	77,921.
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 imember of any of those persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. 10b Loss: accumulated depreciation. 11 Investments—publicity traded securities. 11 Investments—publicity traded securities. 12 Investments—publicity traded securities. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 10 Deferred revenue. 10 Deferred revenue. 11 Escrow or custodial account liabilities. 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or these persons. 20 Description of the controlled on the payable to unrelated third parties. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or these persons. 22 Secured morting enable or only or these persons. 23 Secured morting enable or inclined on lines 17-24). Complete Part X or Schedule D. 25 Total liabilities. Add lines 17 through 25. 0 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Pat assets with donor restrictions. 28 Net assets with donor rest		3	Pledges and grants receivable, net				3	
trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family imember of any of these persons. 5 Controlled entity or family imember of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(3)(8). 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment; cost or other basis. 10b S, 959. 11b Loss; accumulated depreciation. 11c Investments – publicity traded securities. 11l Investments – publicity traded securities. 11l Investments – publicity traded securities. 11l Investments – program-related. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 Intranspible assets. 14 Intangible assets. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 19 Deferred revenue. 10 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Net assets without orner restrictions. 28 Net assets without orner restrictions. 29 Capital stock or trust principal, or current funds. 20 Capital stock or trust principal, or current funds. 21 Total n		4	Accounts receivable, net				4	
1		5	trustee, kev emplovee, creator or founder, substantial	contrib	outor, or 35%		5	
7 Notes and loans receivable, net		6	Loans and other receivables from other disqualified pe	ersons	(as defined under			
8 Inventories for sale or use.		7						
9 Prepaid expenses and deferred charges. 9	S	_			L		 	
10a	set				H		<u> </u>	
Complete Part VI of Schedule D. 10a 5,959. b Less: accumulated depreciation. 10b 3,099. 4,767. 10c 2,860. 11 Investments – publicly traded securities. 11 12 12 13 Investments – other securities. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 15 14 Intangible assets. 14 15 15 16 17 16 17 16 17 17 17	As							
11 Investments — publicly traded securities. 11 12 Investments — other securities. See Part IV, line 11. 12 13 Investments — other securities. See Part IV, line 11. 13 13 14 Intrangible assets. 14 15 15 15 16 16 Total assets. See Part IV, line 11. 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33). 140, 423. 16 171, 431. 17 Accounts payable and accrued expenses. 17 18 Grants payable and accrued expenses. 18 19 Deferred revenue. 19 19 19 19 19 19 19 1	2	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,959.			
12 Investments — other securities. See Part IV, line 11.		b	Less: accumulated depreciation	10b	3,099.	4,767.	10c	2,860.
13 Investments - program-related. See Part IV, line 11.		11	Investments — publicly traded securities				11	
14 Intangible assets. 14 15 15 15 15 16 16 16 16		12	Investments – other securities. See Part IV, line 11				12	
15 Other assets. See Part IV, line 11. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33). 140, 423. 16 171, 431. 17 17 18 18 19 19 19 19 19 19		13	Investments - program-related. See Part IV, line 11.				13	
17 Accounts payable and accrued expenses		14	Intangible assets		14			
17		15	Other assets. See Part IV, line 11				15	
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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. 25 Total liabilities. Add lines 17 through 25. 0. 26 0. 26 0. 27 Vet assets with donor restrictions 27 Vet assets with donor restrictions 28 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 144, 423. 32 171, 431.		16	Total assets. Add lines 1 through 15 (must equal line	33)		140,423.	16	171,431.
19 Deferred revenue		17					17	
20 Tax-exempt bond liabilities					L L			
21 Escrow or custodial account liability. Complete Part IV of Schedule D					ļ-			
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 23 24 25 26 0. 27 28 27 28 29 26,603.					-			
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 23 24 25 26 0. 27 28 27 28 29 26,603.	ies		- •		L.		21	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 23 24 25 26 0. 27 28 27 28 29 26,603.	iabilit	22	key employee, creator or founder, substantial contribu	utor, or	35%		22	
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. Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital stock or trust principal, or current funds. Total net assets or fund balances. Total net assets or fund balances. 25 0. 26 0. 27 28 29 20 20 21 21 22 23 24 25 27 28 27 28 28 29 26,603. 30 29 29 26,603. 30 31 31 31 31 31 31 31 31 31	_	23			-		23	
26 Total liabilities. Add lines 17 through 25.		24	Unsecured notes and loans payable to unrelated third	parties	i		24	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Organizations that follow FASB ASC 958, check here X and complete lines 29 through 33. 140, 423. 29 26, 603. 140, 423. 30 31 144, 828.		25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rel plete P	ated third parties, art X of Schedule D.		25	
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 27 28 140, 423. 29 26, 603. 30 31 144, 828. 32 171, 431.		26	Total liabilities. Add lines 17 through 25			0.	26	0.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. 35 Total liabilities and net assets/fund balances.								
27 Net assets without donor restrictions. 28 28 Net assets with donor restrictions. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 140, 423. 29 26, 603. 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 144, 828. 32 Total net assets or fund balances. 140, 423. 32 171, 431. 31 Total liabilities and net assets/fund balances. 140, 423. 33 171, 431.	anc	07	-		<u> </u>		2-	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. Page 28 140,423.29 26,603. 1410,423.30 144,828. 140,423.32 171,431.	Sala				-			
Total net assets or fund balances. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 34 140, 423. 32 171, 431.	d E	28					28	
29 Capital stock or trust principal, or current funds	Fun			ck here	<u>X</u>			
30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 144,828. 32 Total net assets or fund balances. 140,423. 32 171,431. 33 Total liabilities and net assets/fund balances. 140,423. 33 171,431.	ō	29				140,423.	29	26,603.
%31Retained earnings, endowment, accumulated income, or other funds.31144,828.32Total net assets or fund balances.140,423.32171,431.33Total liabilities and net assets/fund balances.140,423.33171,431.	ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fun	d		30	
32 Total net assets or fund balances 140,423. 32 171,431. 33 Total liabilities and net assets/fund balances 140,423. 33 171,431.	(88	31	Retained earnings, endowment, accumulated income,	or othe	er funds		31	144,828.
ž 33 Total liabilities and net assets/fund balances. 140, 423. 33 171, 431.	17	32	Total net assets or fund balances		140,423.	32	171,431.	
	ž	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>		33	

BAA TEEA0111L 09/01/22 Form **990** (2022)

Par	t 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	85,9	969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	59,6	539.
3	Revenue less expenses. Subtract line 2 from line 1	3			330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	40,4	123.
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		4,6	578.
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10					
D	column (B))	10	1	71,4	131 <u>.</u>
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
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 separabasis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	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	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
3AA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

		e organization						mpioyer identifica		er
		INABLE JOURNALISM F						4-389685		
Par		Reason for Public Cha						See instruc	ctions.	
The o	or <u>g</u> a	anization is not a private found	`			•	,			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	0(b)(1)(A	۹)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 170(I	b)(1)(A)(iii). E	nter the	hospital's
	<u> </u>	name, city, and state:	,	·			`	~ ~ ~ /		•
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governr	nental unit de	escribed	- – – – – - in
6		A federal, state, or local gove	•	ental unit described in s	ection 1	7 0(b)(1))(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from t	he general pul	olic descr	ibed
8		A community trust described		A)(vi). (Complete Part I	1.)					
9		An agricultural research organia				oniunctio	on with a la	and grant colle	000	
9		or university or a non-land-gran								
		university					and state (or the conlege t	, ,	
10		An organization that normally from activities related to its e	y receives (1) more the exempt functions, sub	han 33-1/3% of its suppoject to certain exception	ort from	n contrib (2) no r	more than	33-1/3% of i	ts suppo	rt from gross
		investment income and unrel June 30, 1975. See section 5	lated business taxabl	e income (less section	511 tax)) from b	usinesses	acquired by	the orgai	nization after
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4)).		
12		An organization organized ar or more publicly supported o	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See s	section 509(a	ut the pu)(3). Che	rposes of one ck the box on
а		lines 12a through 12d that de Type I. A supporting organization				•			the sunr	orted
_	_	organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	t a majority of the directo	rs or trus	stees of t	the support	ting organizati	on. You n	ıust
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organi the suppo	zation(s), by rted organizat	having c ion(s). Yo	ontrol or ou
С		Type III functionally integrated. organization(s) (see instruction		tion operated in connection	n with, a	nd functio	onally integ	grated with, its	supported	I
d		Type III non-functionally integr	rated. A supporting ord	anization operated in cor	nection	with its s	supported (organization(s) that is n	ot
		functionally integrated. The c instructions). You must com p	plete Part IV, Section	s A and D, and Part V.	·				·	•
е	L	Check this box if the organize integrated, or Type III non-fu	nctionally integrated	supporting organization	١.				e III fund Г	tionally
f		nter the number of supported of	-						[
g		rovide the following information							1	
	(I) IN:	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed poverning nent?		unt of monetary see instructions)		Amount of other (see instructions)
					Yes	No				
(A)										
<u> </u>										
(B)										
(C)										
(D)										
(-)										
(E)										
T-4-1							I		l	

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	Section A. Public Support								
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			354,231.	355,895.	468,357.	1,178,483.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	0.	0.	354,231.	355,895.	468,357.	1,178,483.		
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)						0.		
6	Public support. Subtract line 5 from line 4						1,178,483.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	0.	0.	354,231.	355,895.	468,357.	1,178,483.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				11.	17.	28.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
11	Total support. Add lines 7 through 10						1,178,511.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	X		
Sec	tion C. Computation of Pu								
14	Public support percentage for 20	022 (line 6, column	n (f), divided by li				%		
15	Public support percentage from	2021 Schedule A,	Part II, line 14			15	%		
16a	33-1/3% support test—2022. If t and stop here. The organization	he organization di qualifies as a pub	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box		
b	b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and stop here publicly supporte	e. Explain in Part de organization	VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	, or 17b, check thi	is box and see ins	structions		

BAA Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						T-
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)					501()	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)	(3)
	tion C. Computation of Pul			10		- I -	- 1 ^
	Public support percentage for 20	•			•		
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv				(0)	1 -	, 0
	Investment income percentage for	•	• • •	-			
	Investment income percentage for						
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization of this box and sto	ald not check the t p here. The organ	ization qualifies	nd line 15 is more as a publicly supp	e tnan 33-1/3%, oorted organiza	ion
b	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%		lid not check a bo		ne 19a, and line 1	6 is more than	

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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		
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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
0a	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		
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		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Pa	rt IV Supporting Organizations (continuea)			
-1-1	Line the executive executed a gift or contribution from any of the following payment?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
,	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		
	C A 35% 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		
	ction B. Type I Supporting Organizations			
	Ston Brigger Gupporting Grgunizations		Yes	No
1			103	110
	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported			
	organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
·	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	-		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in once, on the date of notineditor, to the extent for proviously provided.			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
J	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activities Test. Answer lines 2a and 2b below.	ĺ	· ·	
			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities	21-		
	but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	_		
	each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3b		
	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	SD		

Sch	edule A (Form 990) 2022 SUSTAINABLE JOURNALISM FOUNDATI		84-38	96856	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza [.]	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 N ns mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	;
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (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) Curre (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):				
á	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
(Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
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	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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	rt $V = I$ type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continuous)	inuea)	
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 Part VI)	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 Part VI). 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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g 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 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, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
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 4, 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.)

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

Schedule B (Form 990)

Schedule of Contributors

Attack to Form 000 or Form 000 BF

OMB No. 1545-0047

Employer identification number

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

SUSTA.	INABLE JOURNAL	M FOUNDATION	84-3896856	
Organiza	tion type (check one):			
Filers of:		ction:		
Form 990	or 990-EZ	501(c)(3) (enter number) org	anization	
		4947(a)(1) nonexempt charitable trust	not treated as a private foundation	
		527 political organization		
Form 990)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust	treated as a private foundation	
		501(c)(3) taxable private foundation		
-	ly a section 501(c)(7),	by the General Rule or a Special Rule. , or (10) organization can check boxes fo	r both the General Rule and a Special Rule. See instruct	ions.
X	<u> </u>	perty) from any one contributor. Complete Pa	ved, during the year, contributions totaling \$5,000 arts I and II. See instructions for determining	
Special F	Rules			
	regulations under secti 16b, and that receive	509(a)(1) and 170(b)(1)(A)(vi), that checked om any one contributor, during the year,	or 990-EZ that met the 33-1/3% support test of the d Schedule A (Form 990), Part II, line 13, 16a, or total contributions of the greater of (1) \$5,000; or rm 990-EZ, line 1. Complete Parts I and II.	
	contributor, during the literary, or educations	ear, total contributions of more than \$1,00	orm 990 or 990-EZ that received from any one 00 <i>exclusively</i> for religious, charitable, scientific, o children or animals. Complete Parts I (entering , II, and III.	
	contributor, during the contributions totaled during the year for ar General Rule applies	ear, contributions <i>exclusively</i> for religious re than \$1,000. If this box is checked, en cclusively religious, charitable, etc., purpo	ter here the total contributions that were received use. Don't complete any of the parts unless the exclusively religious, charitable, etc., contributions	
must ansv	wer "No" on Part IV, line		Special Rules doesn't file Schedule B (Form 990), but it of its Form 990-EZ or on its Form 990-PF, Part I, line 1990).	

84-3896856

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Richison Family Foundation 14000 Quail Springs Pkwy, #315 Oklahoma City, OK 73134	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Oklahoma Hospital Association 4000 N Lincoln Blvd Oklahoma City, OK 73105	\$5 <u>,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Fowler Auto Group 2721 36th Ave NW Norman, OK 73072	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Home Creations 2240 N Broadway Moore, OK 73160	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	2240 N Broadway	\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	2240 N Broadway Moore, OK 73160 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
No.	2240 N Broadway Moore, OK 73160 Name, address, and ZIP + 4 McSpadden, Milner & Robinson 901 N Lincoln Blvd, Ste 380	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

84-3896856

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Hillary Communications 22937 State Hwy 58 Lawton, OK 73507	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Inasmuch Foundation 210 Park Ave, #3150 Oklahoma City, OK 73102	\$56,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Oklahoma State Chamber of Commerce 330 NE 10th St. Oklahoma City, OK 73104	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	PSO/AEP 212 E 6th St. Tulsa, OK 74119	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	Walton Family Foundation PO Box 2030 Bentonville, AR 72712	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	Arnall Family Foundation 911 NW 57th St Oklahoma City, OK 73118	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SUSTA	INABLE JOURNALISM FOUNDATION	84-3	896856
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	Devon Energy 333 W Sheridan Ave Oklahoma City, OK 73102	\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	Oklahoma Association of Realtors 9807 Broadway Ext Oklahoma City, OK 73114	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	Oklahoma Public School Resource Cen 309 NW 13th St, Ste 103 Oklahoma City, OK 73103	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	Oklahoma State Medical Association 313 NE 50th St Oklahoma City, OK 73105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	Overman Legal 809 NW 36th St Oklahoma City, OK 73118	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	Petroleum Alliance of Oklahoma 500 NE 4th St, #200 Oklahoma City, OK 73104	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SUSTAINABLE JOURNALISM FOUNDATION

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
	<u> </u>	- ^{\$}	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
] \$	
(a) No.	(b)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
] \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	_	
	<u></u>	_ _\$	
BAA	TEEA0703L 07/22/22	Schedule	B (Form 990) (2022

Part III	Exclusively religious, charitable, e	tc., contributions to organ	izations d	lescribed in section 501(c)(7), (8),
	or (10) that total more than \$1,000	for the year from any one	contribute	Or. Complete columns (a) through (e) and
	the following line entry. For organizations contributions of \$1,000 or less for the year.	ompleting Part III, enter the total (Enter this information once, See	ot <i>exclusive</i> e instruction	s.)\$N/A
	Use duplicate copies of Part III if additional	space is needed.	3 11130 4000011	~NZA
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			·
	_ , ,	(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Кеіа	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres		Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
	<u> </u>			

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

SUS	STAINABLE JOURNALISM FOUNDATION		84-3896856
Pai		lar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(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 donor advisors in writing that the assets held are the organization's property, subject to the organization's exclusive legal control?	d in donor advised	funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran for charitable purposes and not for the benefit of the donor or donor advisor, or for any impermissible private benefit?	nt funds can be use other purpose cor	ed only iferring Yes No
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•		ervation of a histo	rically important land area
			ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conserv	vation easement on the
	last day of the tax year.		
			leld at the End of the Tax Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easements.		
	c Number of conservation easements on a certified historic structure included in (a)		
(d Number of conservation easements included in (c) acquired after July 25, 2006 and not historic structure listed in the National Register	on a 2 d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate tax year	d by the organization	n during the
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of viola	ations,
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements and section 170(h)(4)(B)(ii)?	of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenuinclude, if applicable, the text of the footnote to the organization's financial statements conservation easements.	ue and expense sta that describes the	atement and balance sheet, and organization's accounting for
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasu Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	res, or Other S	imilar Assets.
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its rever historical treasures, or other similar assets held for public exhibition, education, or rese Part XIII the text of the footnote to its financial statements that describes these items.	nue statement and arch in furtherance	balance sheet works of art, e of public service, provide in
ŀ	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	furtherance of publ	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	amounts required to be reported under FASB ASC 958 relating to these items:		
á	a Revenue included on Form 990, Part VIII, line 1		\$
ŀ	b Assets included in Form 990, Part X		\$

Part III Organizations Main	taining Co	lections o	t Art, Histo	ricai i reasures, c	or Other Similar As	ssets (contii	пиеа)
3 Using the organization's acquisition items (check all that apply):	, accession, a		_	· ·	ke significant use of its	collectio	n	
a Public exhibition		d		exchange program				
b Scholarly research		е	Other					
c Preservation for future gener								
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as pa	art of the orga	nization's collection?		Yes		No
Part IV Escrow and Custod reported an amount on Fo	orm 990, Part	X, line 21.	mplete if the o	rganization answered	"Yes" on Form 990, Par	t IV, line	9, or	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other int	ermediary for	contributions or othe	r assets not included	Yes		No
b If "Yes," explain the arrangement in	n Part XIII and	complete the	following table:	:				
						Amount		
c Beginning balance					1с			
d Additions during the year					1 d			
e Distributions during the year								
f Ending balance								
2 a Did the organization include an a	mount on Fo	rm 990, Part	X, line 21, for	escrow or custodial a	account liability?	Yes		No
b If "Yes," explain the arrangemen	t in Part XIII.	Check here i	f the explanat	ion has been provide	d on Part XIII			7
								_
Part V Endowment Funds.	Complete if t	he organizatio	on answered "\	Yes" on Form 990, Par	t IV, line 10.			
·	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance								
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	e of the curre	nt year end b	alance (line 1	g, column (a)) held a	s:			
a Board designated or quasi-endov	vment		%					
b Permanent endowment	%		=					
c Term endowment	%							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.						
3. And the mean and a mark to make much in the					£			
3a Are there endowment funds not in to organization by:	ne possession	or the organiz	zation that are	neid and administered	ior the	Γ	Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						3a(ii)		
b If "Yes" on line 3a(ii), are the rel						3b		
4 Describe in Part XIII the intended	-		•					<u> </u>
Part VI Land, Buildings, an		_						
Complete if the organizati			n 990, Part IV,	line 11a. See Form 99	0, Part X, line 10.			
Description of property		(a) Cost or of (investri	ther basis nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				5,959.	3,099.		2	,860.
e Other				,	-,			
Total. Add lines 1a through 1e. (Colum		qual Form 99	0, Part X, colu	umn (B), line 10c.)			2.	,860.
BAA		·	<u> </u>	, ,		ule D (Fo		

TEEA3302L 07/06/22

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year marks (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year marks (including name of security) (d) Book value (e) Method of valuation: Cost or end-of-year marks (including name of security) (i) Book value (ii) Book value (iii) Investments — Program Related. 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 including name of security (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security) (ii) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security) (iii) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security) (iii) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security) (iii) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security) (iii) Book value (c) Method of valuation: Cost or end-of-year including name of security (including name of security (in	
(1) Financial derivatives. (2) Closely held equity interests. (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Part VIII Investments — Program Related. 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 nr (1) (2) (3)	
(2) Closely held equity interests. (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 nr (1) (2) (3)	narket value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related. 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 m (1) (2) (3)	narket value
(A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 number of the program of the pr	narket value
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 management (1) (2) (3)	narket value
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 management (1) (2) (3)	narket value
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 management (1) (2) (3)	narket value
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 management (1) (2) (3)	narket value
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 management (1) (2) (3)	narket value
(G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 number of the program of t	narket value
(H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 number of the control of the c	arket value
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 number of the control o	arket value
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related. 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 method (1) (2) (3)	narket value
Investments - Program Related. 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 materials (2) (3)	narket value
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 number of the control of the cost of	narket value
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year number (1) (2) (3)	narket value
(1) (2) (3)	
(2) (3)	
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	
Part IX Other Assets. N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description (b) Bo	ook value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7) (8)	
(9)	
(10)	_
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).	
Part V Other Liebilities	
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	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	ok value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Bo	ook value
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) Both (1) Federal income taxes	ook value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Bo	ook value
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) Boundary (2) (3) (4)	ook value
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) Both (c) Federal income taxes (2) (3) (4) (5)	ook value
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) Both (2) (2) (3) (4) (5) (6)	ook value
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) Both (2) (2) (3) (4) (5) (6) (7)	ook value
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) Both (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ook value
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) Both (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ook value
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) Both (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ook value
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) Both (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	ook value
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) Both (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	

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

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

Department of the Treasury Internal Revenue Service

SUSTAINABLE JOURNALISM FOUNDATION

Employer identification number

84-3896856

Form 990 - Explanation of Amended Return

Original return submitted with duplicated revenue figures.

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

NonDoc's mission is to produce and distribute quality journalism with context that enables civic involvement. NonDoc's vision is to sustain reporting on under-covered civic issues while increasing public knowledge and encouraging public dialogue.

NonDoc's core values include: accuracy, fairness, transparency, community, diversity and the historical record.

Form 990, Part III, Line 1 - Organization Mission

NonDoc's mission is to produce and distribute quality journalism with context that enables civic involvement. NonDoc's vision is to sustain reporting on under-covered civic issues while increasing public knowledge and encouraging public dialogue.

NonDoc's core values include: accuracy, fairness, transparency, community, diversity and the historical record.

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

No review was or will be conducted.

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

No other documents available to the public.