

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COMMUNITY RESOURCE EXCHANGE, INC.		D Employer identification number 13-3048638	
	Doing business as		E Telephone number 212-894-3394	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 395 HUDSON STREET, 8TH FLOOR		G Gross receipts \$ 2,388,493.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: TILOMA JAYASINGHE SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions		H(c) Group exemption number
J Website: WWW.CRENYC.ORG		L Year of formation: 1979		M State of legal domicile: NY
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				

Part I Summary		
	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 11	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 33	
	6 Total number of volunteers (estimate if necessary) 6 11	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 1,690,763. Current Year 824,354.
9 Program service revenue (Part VIII, line 2g) Prior Year 1,477,624. Current Year 1,350,089.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 95,871. Current Year 71,392.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year 695,675. Current Year 4,658.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 3,959,933. Current Year 2,250,493.		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Prior Year 0. Current Year 0.
		14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year 0. Current Year 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Prior Year 3,213,017. Current Year 2,810,766.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year 0. Current Year 0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 68,824.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Prior Year 677,178. Current Year 593,776.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Prior Year 3,890,195. Current Year 3,404,542.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 Prior Year 69,738. Current Year -1,154,049.	
	20 Total assets (Part X, line 16) Beginning of Current Year 4,579,283. End of Year 3,566,811.	
		21 Total liabilities (Part X, line 26) Beginning of Current Year 344,922. End of Year 248,486.
		22 Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year 4,234,361. End of Year 3,318,325.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer _____ Date _____
	Type or print name and title _____
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN ALEXANDER LAZZARUOLO <i>Alexander Lazzaruolo</i> 6/26/2025 <input type="checkbox"/> P01775353
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN 13-3628255 Firm's address ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004 Phone no. 212-661-7777

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,817,602. including grants of \$) (Revenue \$ 1,354,747.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,817,602.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TILOMA JAYASINGHE - 212-894-3394
395 HUDSON STREET, 8TH FLOOR, NEW YORK, NY 10014

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TILOMA JAYASINGHE PRESIDENT AND CEO	40.00			X			230,000.	0.	39,158.	
(2) GEORGE HSIEH CHIEF PROGRAM OFFICER	40.00				X		187,827.	0.	27,412.	
(3) MELKIS ALVAREZ-BAEZ CHIEF OPERATIING OFFICER	40.00				X		188,019.	0.	10,862.	
(4) JEFFERSON A. BALLOW SENIOR FELLOW	40.00				X		150,000.	0.	35,715.	
(5) UNIQUE A. BRATHWAITE CHIEF EXTERNAL AFFAIRS OFFICER	40.00				X		159,808.	0.	22,277.	
(6) JEAN LOBELL SENIOR FELLOW	40.00				X		145,044.	0.	20,141.	
(7) AMER S. AHMED CHAIR	4.00	X		X			0.	0.	0.	
(8) LAURIE LESSAGE TREASURER	2.00	X		X			0.	0.	0.	
(9) BENJAMIN F. LORICK SECRETARY	2.00	X		X			0.	0.	0.	
(10) ZOHRA ZORI CHAIR, DEVELOPMENT	2.00	X					0.	0.	0.	
(11) MARGI BOOTH CHAIR, MARKETING & COMMUNICATIONS	2.00	X					0.	0.	0.	
(12) DIPTY JAIN CHAIR, FINANCE/AUDIT COMMITTEE	2.00	X					0.	0.	0.	
(13) SARA SOLFANELLI VICE CHAIR; CHAIR, HR	2.00	X					0.	0.	0.	
(14) CHANTAL BONITTO DIRECTOR	2.00	X					0.	0.	0.	
(15) SANDY FERNANDEZ DIRECTOR	2.00	X					0.	0.	0.	
(16) HALI LEE DIRECTOR	2.00	X					0.	0.	0.	
(17) JERRY H. MARCUS DIRECTOR	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,390.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	820,964.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		824,354.				
Program Service Revenue	2 a	CONSULTING FEES	Business Code					
			541610	1,350,089.	1,350,089.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		1,350,089.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,392.			71,392.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	138,000.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	138,000.				
	c	Gain or (loss)	7c	0.				
	d	Net gain or (loss)		0.				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	4,658.	4,658.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		4,658.				
12	Total revenue. See instructions		2,250,493.	1,354,747.	0.	71,392.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	262,152.	212,829.	43,577.	5,746.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,103,380.	1,678,484.	374,961.	49,935.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	258,699.	236,501.	20,005.	2,193.
10 Payroll taxes	186,535.	170,528.	14,425.	1,582.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,725.	21,640.	3,681.	404.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,974.		5,974.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	180,068.	169,203.	9,792.	1,073.
12 Advertising and promotion				
13 Office expenses	34,040.	29,970.	3,853.	217.
14 Information technology				
15 Royalties				
16 Occupancy	141,971.	119,465.	20,282.	2,224.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	19,335.	18,241.	414.	680.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,902.	2,441.	415.	46.
23 Insurance	18,203.	15,317.	2,601.	285.
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.)				
a SUBSCRIPTIONS & MEMBERS	85,166.	72,972.	7,990.	4,204.
b SUBCONTRACTORS & CLIENT	44,418.	44,418.		
c STAFF DEVELOPMENT	24,525.	22,225.	2,073.	227.
d BAD DEBT	8,000.		8,000.	
e All other expenses _____	3,449.	3,368.	73.	8.
25 Total functional expenses. Add lines 1 through 24e	3,404,542.	2,817,602.	518,116.	68,824.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	281.	1	
	2 Savings and temporary cash investments	3,162,854.	2	2,201,677.
	3 Pledges and grants receivable, net	19,143.	3	3,390.
	4 Accounts receivable, net	588,060.	4	359,449.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,659.	9	66,433.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 389,627.		
	b Less: accumulated depreciation	10b 383,882.	3,450.	10c 5,745.
	11 Investments - publicly traded securities	739,836.	11	930,117.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,579,283.	16	3,566,811.	
Liabilities	17 Accounts payable and accrued expenses	295,576.	17	157,637.
	18 Grants payable		18	
	19 Deferred revenue	49,346.	19	90,849.
	20 Tax-exempt bond liabilities		20	
	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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26 Total liabilities. Add lines 17 through 25	344,922.	26	248,486.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,537,937.	27	2,861,140.
	28 Net assets with donor restrictions	696,424.	28	457,185.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,234,361.	32	3,318,325.
33 Total liabilities and net assets/fund balances	4,579,283.	33	3,566,811.	

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,250,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,404,542.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,154,049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,234,361.
5	Net unrealized gains (losses) on investments	5	238,013.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,318,325.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2023)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,933,248.	2,013,234.	2,274,677.	1,690,763.	824,354.	8,736,276.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,933,248.	2,013,234.	2,274,677.	1,690,763.	824,354.	8,736,276.
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)						813,579.
6 Public support. Subtract line 5 from line 4.						7,922,697.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,933,248.	2,013,234.	2,274,677.	1,690,763.	824,354.	8,736,276.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108,054.	41,502.	42,449.	46,615.	71,392.	310,012.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,201.	3,079.	3,772.	695,675.	4,658.	723,385.
11 Total support. Add lines 7 through 10						9,769,673.
12 Gross receipts from related activities, etc. (see instructions)					12	7,405,796.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	81.09 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	83.54 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2022. 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 test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY RESOURCE EXCHANGE, INC. Employer identification number: 13-3048638

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,197,778.	2,026,138.	2,028,832.	2,108,244.	2,848,919.
b Contributions	753,124.	878,863.	890,292.	674,652.	850,500.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	992,363.	707,223.	892,986.	754,064.	1,591,175.
f Administrative expenses					
g End of year balance	1,958,539.	2,197,778.	2,026,138.	2,028,832.	2,108,244.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 76.7000 %
 - b Permanent endowment _____ %
 - c Term endowment 23.3000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		201,615.	201,615.	0.
d Equipment		188,012.	182,267.	5,745.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,745.

Part VII Investments - Other Securities

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 market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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 market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,496,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	238,013.
b	Donated services and use of facilities	2b	13,587.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	251,600.
3	Subtract line 2e from line 1	3	2,244,519.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,974.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,974.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,250,493.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,412,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,587.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	13,587.
3	Subtract line 2e from line 1	3	3,398,568.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,974.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,974.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,404,542.

Part XIII Supplemental Information

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

UNRESTRICTED MONIES OR ASSETS CONTRIBUTED TO CRE WHICH ARE DESIGNATED BY

THE BOARD OF DIRECTORS TO PROVIDE LONG-TERM FINANCIAL SUPPORT FOR USES

INCLUDING INVESTMENTS AND EMERGENCIES. USE OF THESE FUNDS REQUIRES BOARD

APPROVAL.

NET ASSETS WITH DONOR RESTRICTIONS OF CRE WHICH HAVE BEEN LIMITED BY

DONOR-IMPOSED STIPULATIONS THAT EITHER EXPIRE WITH THE PASSAGE OF TIME OR

CAN BE FULFILLED AND REMOVED BY THE ACTIONS OF CRE PURSUANT TO THOSE

STIPULATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization COMMUNITY RESOURCE EXCHANGE, INC.	Employer identification number 13-3048638
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TILOMA JAYASINGHE PRESIDENT AND CEO	(i)	230,000.	0.	0.	8,846.	30,312.	269,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEORGE HSIEH CHIEF PROGRAM OFFICER	(i)	174,327.	13,500.	0.	6,697.	20,715.	215,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELKIS ALVAREZ-BAEZ CHIEF OPERATING OFFICER	(i)	174,519.	13,500.	0.	6,707.	4,155.	198,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFERSON A. BALLOW SENIOR FELLOW	(i)	150,000.	0.	0.	5,769.	29,946.	185,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) UNIQUE A. BRATHWAITE CHIEF EXTERNAL AFFAIRS OFFICER	(i)	159,808.	0.	0.	6,144.	16,133.	182,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEAN LOBELL SENIOR FELLOW	(i)	145,044.	0.	0.	5,579.	14,562.	165,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY RESOURCE EXCHANGE, INC.

Employer identification number

13-3048638

PART I AND PART III - LINE 1

COMMUNITY RESOURCE EXCHANGE IS A NONPROFIT CONSULTING FIRM THAT
PROVIDES THE STRATEGIES AND TOOLS NEEDED TO BUILD SUSTAINABLE,
HIGH-PERFORMING ORGANIZATIONS THAT IMPROVE PEOPLE'S LIVES AND DRIVE
SOCIAL CHANGE. WE PARTNER WITH NONPROFITS, FOUNDATIONS, AND GOVERNMENT
AGENCIES TO SET AMBITIOUS GOALS FOR SUCCESS AND THEN WE HELP THEM GET
THERE. TOGETHER, WE WORK TO REDUCE POVERTY, PROMOTE EQUITY, AND
INCREASE OPPORTUNITY.
AS NONPROFIT OURSELVES, WE BELIEVE THAT SOCIAL SECTOR ORGANIZATIONS
DESERVE ACCESSIBLE SOLUTIONS TO THE CHALLENGES THEY FACE. OUR DIVERSE
TEAM OF EXPERT CONSULTANTS PROVIDE CUSTOMIZED STRATEGIES THAT BLEND
DEEP CONSULTING EXPERIENCE AND OPERATIONAL EXPERTISE TO HELP LEADERS
SUCCEED IN AN ENVIRONMENT OF COMPLEXITY AND CHANGE. WE TAP THE
TRANSFORMATIVE POWER OF ASSESSMENT, DATA, STRATEGY, LEADERSHIP, AND
COLLABORATION TO HELP ORGANIZATIONS PLAN SMARTLY, OPERATE EFFECTIVELY,
AND PRODUCE RESULTS.

PART III - LINE 4A

TRANSFORMATIVE CONSULTING FOR NONPROFITS DRIVING SOCIAL CHANGE:
WHEN NONPROFITS ARE STUCK OR STRUGGLING TO REACH THEIR POTENTIAL,
COMMUNITY RESOURCE EXCHANGE STEPS IN WITH GUIDANCE, TRAINING, AND
ONGOING SUPPORT TO HELP NONPROFITS REACH THEIR MILESTONES AND CO-CREATE
IMPACTFUL SOLUTIONS FOR THE COMMUNITIES THEY SERVE.

STRATEGY:

WE PARTNER WITH OUR CLIENTS TO MOVE TO THE NEXT LEVEL OF GROWTH; MAKE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY RESOURCE EXCHANGE, INC.	Employer identification number 13-3048638
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THE CRITICAL SHIFTS IN STRATEGIES THAT CAN TRANSFORM LIVES AND COMMUNITIES; POSITION THEMSELVES TO MAKE KEY DECISIONS ABOUT MERGERS AND STRATEGIC PARTNERSHIPS; PAVE THE WAY FOR INVESTMENT AND DIVESTMENT DECISIONS ABOUT PROGRAMMING. OUR HANDS-ON APPROACH INCLUDES THEORY OF CHANGE, STRATEGIC PLANNING, ALIGNMENT OF MISSION WITH PROGRAMS, AND REAL-TIME PLANNING TO HELP NONPROFITS POSITION THEMSELVES IN TIMES OF GROWTH AND CHANGE.

COACHING:
HAVING THE RIGHT PEOPLE IN THE RIGHT ROLES IS ESSENTIAL TO A NONPROFIT ORGANIZATION'S GROWTH AND SUCCESS. CRE HELPS NONPROFITS STREAMLINE THE PROCESS OF ATTRACTING, DEVELOPING, AND COACHING NONPROFIT TEAMS SO THAT THEY CAN FOCUS ON DEVELOPING BOLD IDEAS TO BETTER SERVE THEIR COMMUNITIES.

PEOPLE AND CULTURE:
PEOPLE ARE AT THE HEART OF EVERY ORGANIZATION. IMPACTFUL ORGANIZATIONS HAVE TEAMS THAT ARE CARED FOR AND ARE EFFECTIVE IN THEIR PERFORMANCE. CRE'S PEOPLE & CULTURE ENGAGEMENTS INCLUDE TEAM EFFECTIVENESS, CULTURE CHANGE, AND TRAINING TO SUPPORT TEAMS AND NONPROFIT BOARDS BUILD RELATIONSHIPS, TRANSLATE VALUES INTO ACTION, AND IMPROVE PERFORMANCE.

LEADERSHIP AND MANAGEMENT:
CRE IS COMMITTED TO SUPPORTING NONPROFIT LEADERS AND THE ORGANIZATIONS THEY FOUNDED, BUILT, AND RUN IN THEIR PURSUIT OF JUSTICE, OPPORTUNITY, AND EQUITY. DEVELOPING LEADERSFROM EMERGING MANAGERS ALL THE WAY TO SEASONED CAREER EXECUTIVE DIRECTORS HAS BEEN A SIGNATURE COMPONENT OF CRE'S CAPACITY BUILDING SUPPORT FOR MORE THAN TWENTY YEARS. IN OUR

Name of the organization COMMUNITY RESOURCE EXCHANGE, INC.	Employer identification number 13-3048638
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LEADERSHIP AND MANAGEMENT PROGRAMS, WE STRENGTHEN THE LEADERSHIP

CAPABILITIES OF ESTABLISHED AND EMERGING NONPROFIT LEADERS THROUGH

INDIVIDUALIZED COACHING AND WITHIN A COHORT-BASED APPROACH

DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY:

WE BELIEVE THAT WHEN ORGANIZATIONS EMBRACE DEIA AS ORGANIZATIONAL

VALUES AND INTENTIONALLY TRANSLATE THEM INTO PRACTICE, ORGANIZATIONAL

IMPACT IS STRENGTHENED. CRE PARTNERS WITH OUR CLIENTS TO DESIGN EQUITY

IN ORGANIZATIONS BY CONDUCTING ORGANIZATIONAL ASSESSMENTS AND

DEVELOPING ACTION PLANS ON VARIOUS ASPECTS OF EQUITY.

WE HAVE KICKED OFF A NEW AREA OF WORK AROUND AI BECAUSE WE ASPIRE TO BE

A LEADER IN ADVANCING A FUTURE WHERE AI BECOMES A TRANSFORMATIVE FORCE

FOR GOOD-MAKING BOTH CRE AND OUR CLIENTS MORE EFFECTIVE, ADAPTABLE, AND

RESILIENT. OUR GOAL IS TO HELP THE NONPROFIT SECTOR LEVERAGE AI TO

STRENGTHEN OPERATIONS, ENHANCE DECISION-MAKING, AND PROMOTE GREATER

EQUITY, SUSTAINABILITY, AND MISSION IMPACT ACROSS THE COMMUNITIES WE

SERVE.

FORM 990, PART VI, SECTION A, LINE 8B:

WHILE NOTES ARE TAKEN DURING COMMITTEE MEETINGS AND RECOMMENDATIONS OF THE

COMMITTEES ARE NOTED IN BOARD MEETING MINUTES, SEPARATE FORMAL MINUTES OF

COMMITTEE MEETINGS ARE NOT PREPARED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCESS USED BY COMMUNITY RESOURCE EXCHANGE, INC. TO REVIEW FORM 990

BEFORE FILING IS:

1. EXTERNAL AUDITING FIRM PREPARES CRE'S 990;

Name of the organization COMMUNITY RESOURCE EXCHANGE, INC.	Employer identification number 13-3048638
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2. 990 IS REVIEWED BY MANAGEMENT AND AN ELECTRONIC DRAFT IS FORWARDED TO THE FINANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS;

3. STAFF AND FINANCE/AUDIT COMMITTEE COMMENTS ARE DISCUSSED WITH AUDITORS AND A FINAL DRAFT IS CREATED;

4. A FINAL DRAFT IS FORWARDED TO THE BOARD OF DIRECTORS WHICH IS GIVEN 3-5 BUSINESS DAYS TO REVIEW.

5. COMMENTS FROM THE BOARD OF DIRECTORS ARE FORWARDED TO AND ADDRESSED BY MANAGEMENT.

6. FOLLOWING BOARD APPROVAL, MANAGEMENT APPROVES 990 FOR FILING AND 990 IS FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
 CRE REQUIRES ITS DIRECTORS, OFFICERS AND KEY EMPLOYEES TO DISCLOSE TO THE BOARD CHAIR OR HIS DESIGNEE PRIOR TO THE OPENING OF ANY NEGOTIATIONS OR DISCUSSIONS CONCERNING A TRANSACTION. IN ADDITION TO THIS CONTINUING OBLIGATION, INTERESTED PERSONS COVERED BY THE POLICY MUST AGAIN DISCLOSE POTENTIAL CONFLICTS FROM THE PREVIOUS YEAR AT THE END OF EACH FISCAL YEAR. ALL INTERESTED PERSONS COVERED BY THE POLICY MUST PREPARE A BRIEF LETTER DESCRIBING THE TRANSACTION, THEIR INTEREST IN IT, AND WHY THE TRANSACTION IS IN THE BEST INTEREST OF CRE. THE TRANSACTION IS THEN REVIEWED CAREFULLY TO ENSURE THAT IT SHOULD BE ENTERED INTO. IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PARTY IS EXCLUDED FROM THE BOARD DISCUSSION AND APPROVAL OF SUCH TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15A:
 THE PROCESS USED BY CRE FOR DETERMINING AND DOCUMENTING COMPENSATION FOR THE PRESIDENT & CEO IS:

Name of the organization COMMUNITY RESOURCE EXCHANGE, INC.	Employer identification number 13-3048638
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1. CRE HUMAN RESOURCES (HR) STAFF COMPILES A SURVEY ON COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR COMPARABLE POSITIONS AND PROVIDES THE DATA TO THE CRE HR BOARD HUMAN RESOURCES COMMITTEE;
2. THE BOARD HUMAN RESOURCES COMMITTEE REVIEWS THE COMPARABILITY DATA;
3. THE HUMAN RESOURCES COMMITTEE COMPARES THE PROPOSED SALARIES FOR THE EMPLOYEE WITH THE COMPARABLE DATA, DETERMINES THE REASONABLENESS OF THE PROPOSED COMPENSATION PACKAGE. IF THE COMMITTEE DETERMINED THE REASONABLE COMPENSATION IS HIGHER OR LOWER THAN THE RANGE OF COMPARABLE DATA OBTAINED, THEY ARTICULATE THE BASIS FOR DETERMINATION; AND
4. THE HUMAN RESOURCES COMMITTEE TAKES THE CEO COMPENSATION RECOMMENDATION TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

CRE MAKES ITS AUDITED FINANCIAL STATEMENTS AND 990 AVAILABLE TO THE PUBLIC BY POSTING THEM ON ITS WEBSITE. IN ADDITION, CRE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST AT 228 PARK AVE S PMB 78695 NEW YORK, NY 10003-1502 OR BY CALLING (212) 894-3394.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. COMMUNITY RESOURCE EXCHANGE, INC.	Taxpayer identification number (TIN) 13-3048638
	Number, street, and room or suite no. If a P.O. box, see instructions. 395 HUDSON STREET, 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10014	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **TILOMA JAYASINGHE**
395 HUDSON STREET, 8TH FLOOR - NEW YORK, NY 10014

Telephone No. **212-894-3394** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20**24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)