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

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

OCT 1, 2021

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending SEP 30, 2022

В	Check if applicable:	C Name of organization		D Employer id	entificat	tion number
	Address	COMMUNITY RESOURCE EXCHANGE, INC.				
	Name change	Doing business as		13-3048	3638	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone no 212-894-		
	return/ termin-	228 PARK AVE S PMB 78695			3394	4 246 760
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,246,760.
	return Applica	NEW 10RK, N1 10003-1302		H(a) Is this a gr		
	tion pending	F Name and address of principal officer: ITLOMA DATASTINGHE		for subordi		
_		SAME AS C ABOVE	507	H(b) Are all subordi		
		mpt status:     501(c)(3)   501(c) ( )	or 527	1 ′		t. See instructions
		: ► WWW.CRENYC.ORG  rganization: X Corporation Trust Association Other ►	1	H(c) Group exe		
		Summary	L Year	or formation: 1973	2   <b>M</b> S	tate of legal domicile: NY
	1 E	riefly describe the organization's mission or most significant activities: CRE HE	LPS NONPR	OFIT LEADERS		
Governance	E E	UILD SUSTAINABLE, HIGH-PERFORMING ORGANIZATIONS THAT IMPROV				
ī.	2	theck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its n	et assets	 S.
Ş	3 1				1 1	14
		lumber of independent voting members of the governing body (Part VI, line 1b)				14
o U	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			5	35
<u>i</u>	6 T	otal number of volunteers (estimate if necessary)			6	14
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
⋖	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
				Prior Year		Current Year
ď	8 0	Contributions and grants (Part VIII, line 1h)		2,013,	234.	2,274,677.
Revenue	9 ₽	rogram service revenue (Part VIII, line 2g)		1,890,	485.	1,789,978.
eve	10 li	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		84,	047.	73,548.
α.	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,	742.	5,572.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,997,	508.	4,143,775.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
	14 E	lenefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ų,	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,209,	568.	3,423,262.
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	ьт	otal fundraising expenses (Part IX, column (D), line 25)	862.			
û	<b>17</b> C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		570,		535,124.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,779,	909.	3,958,386.
	<b>19</b> F	levenue less expenses. Subtract line 18 from line 12		217,		185,389.
5	9		Ве	ginning of Current	Year	End of Year
sets	<b>20</b> T	otal assets (Part X, line 16)		5,552,		4,627,434.
Net Assets or	<b>21</b> T	otal liabilities (Part X, line 26)		1,364,	376.	516,271.
		let assets or fund balances. Subtract line 21 from line 20		4,188,	319.	4,111,163.
	art II	Signature Block				
		ies of perjury, I declare that I have examined this return, including accompanying schedules				owledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	1		
		Signature of officer		8/14/2 Date	2023	
Sig		•		Date		
He	re	Tiloma Jayasinghe, President & CEO Type or print name and title				
	+		ĪΓ	Date Ch	eck	PTIN
Da:		Print/Type preparer's name  Preparer's signature	_	if		
Pai	- ⊦	LEXANDER LAZZARUOLO  Alexander Lazzar.  Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	woro 8	ı .	f-employed	P01775353 3-3628255
	` F			Firm's EI	IN D	.5 3020233
USE	Only			Dhan	. 212-6	61_7777
N.4.	v the ID	NEW YORK, NY 10004		I Phone no	J. 4 ± 4 = 0	61-7777 X Yes No
ivia	y the IR	S discuss this return with the preparer shown above? See instructions				Yes No Form <b>990</b> (2021)

	Check if Schedule O contains a res	sponse or note to any line in this Part III		Х
1	Briefly describe the organization's missio SEE SCHEDULE O.			
2	prior Form 990 or 990-EZ?	icant program services during the year which we		Yes X No
3	If "Yes," describe these new services on Did the organization cease conducting of	Schedule O. r make significant changes in how it conducts, ar	ny program services?	Yes X No
3	If "Yes," describe these changes on Sche		ly program services:	1e5140
4		rice accomplishments for each of its three largest ons are required to report the amount of grants a	• •	•
4a		3,261,856. including grants of \$	) (Revenue \$	1,793,750.
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Hevenue \$	)
	Other program conjects (Describe on Sale	nedula ()		
<del>-1</del> u	Other program services (Describe on Sch (Expenses \$	including grants of \$	Revenue \$	)
4e	Total program service expenses	3,261,856.		Form <b>990</b> (2021)

## 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	Х	
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 Rev. Proc. 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU.		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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		Х

Form 990 (2021) COMMUNITY RESOURCE EXCHANGE Part IV Checklist of Required Schedules (continued)

22 In the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (N), line 28 " If Yes", complete Schedule (Part I and III)  23 Did the organization are were "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization's current and formar difficient, directors, incustes, key employees, and highest compensated employees? " If Yes," complete Schedule (R II" No.") or to line 25e.  24 a Did the organization have a tax-exempt bond issue with an outstranding principal amount of more than \$100,000 as of the last day of the yes", Intal was issued after December 31, 2002? If "Yes," answer lines 25d through 24d and complete Schedule K II" No." for to line 25e.  25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24 b Did the organization maritain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  26 b Did the organization maritain an escrow account other than a refunding scrow at any time during the year?  27 b Did the organization are as an 'on breaful of "issuer for bonds outstanding at any time during the year?"  28 Section 80 (16), 80 (16), 40, 40 60 (16),280 organizations. Did the organization engage 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 EZZ / If "Yes," complete Schedule L, Part I		i (continued)		Yes	No
Part IX, column (A), line 2º // "Ves." completes Schedule I. Parts I and III and ofference officers, directors, frustees, key employees, and highest compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "You," complete Schedule I. Part III and former officers, directors, frustees, key employees, and highest compensated employees? If "You," complete Schedule I. Part III and former officers, directors, frustees, key employees, and highest compensated employees? If "You," complete Schedule I. Part III and search as a compensation of the co	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the organization asswer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organization's current and former offices, discriots, rustees, key employee, and hiphest compensated employee? "" "Yes," complete Schedule I and the View of the Isat Gay of the year, that was issued after December 31, 2002? "" "Yes," answer lines 246 through 24d and complete Schedule K If "No," go to line 25a.  24a Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?"  24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception?  24d Did the organization marks and the regaged in an excess benefit transaction with a disqualified person during the year?  25d Section 501(6)5, 501(6)4, 301 (6)4) and 501(6)(29) angularizations. Did the organization exempts are the gaged in an excess benefit transaction with a disqualified person of the process benefit transaction with a disqualified person of the process benefit transaction with a disqualified person of the process benefit transaction with a disqualified person of the process benefit transaction with a disqualified person of any organization exempts and that the transaction with a disqualified person of segments of the process of the segments of the process of the process of the segments of the process of the process of the segments of the process of the pr			22		Х
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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 "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25s    Did the organization marks an escow account of the than a rehunding secrow at any time during the year of decase any tax-exempt bonds?    24b    Did the organization marks an accow account of the than a rehunding secrow at any time during the year of decase any tax-exempt bonds?    24c    25c    Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity the year?    24d    25a    Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity the year?    25c    b is the organization avers 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with 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 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II If I I I I I I I I I I I I I I I I	23				
Schedule J. Who, "go to line 25a.  28 x   24a   bit 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  29 bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  20 bit the organization amintan an escrow account other than a returnding escrow at any time during the year to defease any tax exempt bonds?  20 bit the organization invest and as an "on behalf of" issuer for bonds outstanding at any time during the year?  21 bit the organization available of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25 bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  26 bit the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization specified on any or the organization specified on any order of the organization or forms of the organization aware that it engaged in an excess benefit transaction with a disqualitied person of the organization or forms of the organization aware that it engaged in an excess benefit transaction with a disqualitied person or pay or the organization or forms of the organization organization aware that it engaged in an excess benefit transaction with a disqualitied person or any organization organization aware that the regaler of the excess benefit transaction with a disqualitied person or any organization organization person organiza					ı
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixed after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." you to line 25a		•	23	х	ı
Schedule K. If 'No.' go to line 25a	24a				
Schedule K. If 'No.' go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  246  246  246  340  340  340  340  340  340  340  3			24a		Х
any tax excempt bonds?  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 I., Part I  25a	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d    25a Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?    25b   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 950 or 990 E27;    **Yes, ** complete Schedule* L, Part I**    25c   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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity formulation and the prior and in the prior and interest or founder, substantial contributor, or 35% controlled entity formulation aparty to a business transaction with one of the following parties (see the Schedule* L, Part II    27	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d    25a Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?    25b   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 950 or 990 E27;    **Yes, ** complete Schedule* L, Part I**    25c   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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity formulation and the prior and in the prior and interest or founder, substantial contributor, or 35% controlled entity formulation aparty to a business transaction with one of the following parties (see the Schedule* L, Part II    27		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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   X    25b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, 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   X    27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   28b   X    C 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   28b   X    Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I   30   X    Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I   31   X    Did the organization oreal exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I   31   X    Did the organization	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 # "Yes," complete Schedule I., Part II  27 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, tystee, key employee, creator or founder, substantial contributor, 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III  28 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 I., Part III  29 Was the organization applies thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III  29 La A stantily member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule III and IIII and	25a				ı
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule L, Part I # 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I  25b   X  27b   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	b				ı
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or former officer, director, frustee, 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 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 IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a X anily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28b X c 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 28b Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 30 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 31 X X Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X X X Was the organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X X X X X X X X X X X X X X X X X X		·	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26	26		1		ı
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.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28b X  2 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.  28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization ovin 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77012 and 301.77012 and 301.77013 If "Yes," complete Schedule R, Part II. III., or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part III. III. or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2  35 Section 501(K) organization or than 5% of its activities through					
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"Yes," complete Schedule L, Part IV  28a	_				
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?		Eliter the Hamber reported in box 6 of 1 offin 1000. Eliter 6 in 100 applicable	-		
(gambling) winnings to prize winners?		Enter the number of Forms w-2d included of fine 1a. Enter -0- if not applicable	-		
9	С			v	
132004 12-09-21 Form <b>990</b> (2021					(000 ::

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A			
		9a		
	Ela tro oporiosing organization matte a distribution to a density density advisory of rolated porcent.	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders N/A 11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes." complete Form 6069.			

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.

					X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14									
	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		1b 14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w		1								
_	officer, director, trustee, or key employee?		2		х						
3	Did the organization delegate control over management duties customarily performed by or under the d										
Ü		incot duporviolori	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		x						
5			5		X						
	· · · · · · · · · · · · · · · · · · ·										
6 7-			6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or apport				x						
	more members of the governing body?		7a								
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc	•	l		,,						
	persons other than the governing body?		7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	,									
а	The governing body?		8a	X							
b	Each committee with authority to act on behalf of the governing body?		8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)									
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, 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 b	efore filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes										
	on Schedule O how this was done	,	12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approval b										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official		15a	Х							
	Other officers or key employees of the organization		15b		х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	•••••									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a									
104			16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i		100								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization										
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure		מסו		l						
17	List the states with which a copy of this Form 990 is required to be filed NY  Costion 6104 requires an experientian to make its Forms 1002 (1004 or 1004 A. if applicable), 200, and	000 T (ocation 504/5)(0)		0.45!!-!	ala						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-1 (section 501(c)(3)	s only)	avallal	ыe						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain of	,									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of interest policy, an	d financ	cial							
	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									
	MELKIS ALVAREZ- BAEZ - 212-894-3394										
	228 PARK AVE S PMB 78695, NEW YORK, NY 10003-1502										

# 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, 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per					son is both an rector/trustee)		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below line)	dividu	stituti	Officer	ey em	ghest	Former			organizations
(1) TILOMA JAYASINGHE	40.00	드	드	6	3	포함	꾼			
PRESIDENT AND CEO		-		х				217,554.	0.	26,466.
(2) JEAN R. LOBELL	36.00							, , , , ,		, , ,
CHIEF PROGRAM OFFICER		1				х		162,396.	0.	20,553.
(3) TRACEY K. ALLARD	40.00									,
DIR. OF CULTURE AND EQUITY		L				х		155,525.	0.	20,604.
(4) JEFFERSON A. BALLOW	40.00									
SENIOR CONSULTANT						Х		134,805.	0.	32,955.
(5) UNIQUE A. BRATHWAITE	40.00									
DIR. OF STRATEGIC DEVELOPMENT						Х		137,587.	0.	19,670.
(6) RANDALL K. QUAN	40.00									
SENIOR CONSULTANT						Х		137,485.	0.	19,333.
(7) AMER S. AHMED	4.00									
CHAIR		Х		Х				0.	0.	0.
(8) BENJAMIN F. LORICK	2.00									_
SECRETARY		Х	_	Х				0.	0.	0.
(9) LAURIE LESSAGE	2.00								_	_
TREASURER	0.00	Х		Х				0.	0.	0.
(10) MARGARET BOOTH	2.00									
DEVELOPMENT & MARKETING CHAIR	2.00	Х						0.	0.	0.
(11) SANDY FERNANDEZ DIRECTOR	2.00	х						0.	0.	_
(12) MIRIAM TAI	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(13) DIPTY JAIN	2.00								<u> </u>	•
FINANCE COMMITEE CHAIR	2.00	х						0.	0.	0.
(14) CHANTAL BONITTO	2.00	<u> </u>						†	•	<u>.</u>
DIRECTOR		х						0.	0.	0.
(15) GREGG S. FISHER	2.00									
DIRECTOR		х						0.	0.	0.
(16) HALI LEE	2.00									
DIRECTOR		х					L	0.	0.	0.
(17) ROSA ALFONSO-MCGOLDRICK	2.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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Form 990 (2021) COMMUNITY RES	SOURCE EXCH	ANG	Ε,	INC					13-30	4863	8	Р	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	ition more son i	than o	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	า		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensation from the organization and related organizations		
(18) JERRY H. MARCUS	2.00		=	0	×	工业	ъ.			_			
DIRECTOR (19) SARA SOLFANELLI	2.00	Х						0.		0.			0.
DIRECTOR	2.00	х						0.		0.			0.
(20) ZOHRA ZORI	2.00							•					
DIRECTOR	2.00	Х						0.		0.			0.
1b Subtotal								945,352.		0.		139	581.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)							<b>•</b>	945,352.		0.		139,581.	
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization												Vaa	12
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on	[		Yes	No
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com					•			•			5		х
Section B. Independent Contractors	•												
1 Complete this table for your five highest contribute organization. Report compensation for the organization.	•	•								ensat	ion fro	om	
(A)	-							(B)			(0	<del>)</del>	
Name and business	address	NO:	NE				$\dashv$	Description of s	ervices	C	ompe	nsatio	<u>n</u>
Total number of independent contractors (in \$100,000 of compensation from the organize)	•	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				
g 100,000 of compensation from the organiz	ation 🚩										Form	990 (	2021)

11370814 152490 2261GN

Form 990 (2021) COMMUNITY 1
Part VIII Statement of Revenue

			Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			X
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
င်္ပ			Fundraising events						
fts,			Related organizations						
ig,			Government grants (contribution		1,234,479.				
Sin			All other contributions, gifts, grant						
uti Je			similar amounts not included abov		1,040,198.				
Ģ.					25,227.				
no Dd		_	Noncash contributions included in lines 1		23,227.	2,274,677.			
OB		11	Total. Add lines 1a-1f		Business Code	2,271,077,			
_	•	_	CONSULTING FEES		541610	1,761,612.	1,761,612.		
ice	2	_	DYCD - CONTRACTS		900099	28,000.	28,000.		
er ue		~	DYCD - CONTRACTS		900099	366.	366.		
m S		-	- CONTRACTS		300033	300.	300.		
gra Re		d							
Program Service Revenue		e	All all and a second a second and a second a						
_			All other program service rever			1 780 078			
_		g	Total. Add lines 2a-2f			1,789,978.			
	3		Investment income (including of			40,649.			40,649.
			other similar amounts)			40,045.			40,045.
	4		Income from investment of tax	·	•				
	5		Royalties	(i) Real	(ii) Personal				
	_				(II) Fersonal				
			Gross rents 6a	1,800.					
			Less: rental expenses 6b						
			Rental income or (loss) 6c	1,800.		1 900			1 000
			Net rental income or (loss)	(i) Coourition	(ii) Othor	1,800.			1,800.
	1		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a	135,884.					
•			Less: cost or other basis	100 005					
her Revenue			and sales expenses	102,985.					
eve			Gain or (loss) 7c	32,899.		22.000			22.000
Ä			Net gain or (loss)		<u> </u>	32,899.			32,899.
	8	а	Gross income from fundraising ever	_					
Ò			including \$	of					
			contributions reported on line	<i>'</i>					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundi		<b>_</b>				
	9	а	Gross income from gaming act						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gami	-					
	10	а	Gross sales of inventory, less r						
			and allowances						
			Less: cost of goods sold						
$\overline{}$		С	Net income or (loss) from sales	s of inventory					
SI		_	OTHER INCOME		900099	3,772.	3,772.		
ne e	11		OTHER INCOME		200033	3,772.	3,772.		<u> </u>
Miscellaneous Revenue		b							<u> </u>
sce Be		C C	All other revenue						
ž			All other revenue			2 772			
			Total. Add lines 11a-11d			3,772.	1 703 750	0.	75,348.
	12		<b>Total revenue.</b> See instructions			4,143,775.	1,793,750.	ı	10,340.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(4)		<u>(0)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	266,863.	219,934.	44,097.	2,832
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	2,577,754.	2,092,693.	454,858.	30,203
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	104,381.	94,275.	9,737.	369
9	Other employee benefits	271,673.	245,371.	25,343.	959
10	Payroll taxes	202,591.	182,977.	18,899.	715
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	29,735.	24,190.	5,343.	202
d	Lobbying				
е	, ,				
f	Investment management fees	5,392.		5,392.	
g	, ,				
	column (A), amount, list line 11g expenses on Sch O.)	148,370.	122,121.	25,291.	958
12	Advertising and promotion	46 555	44.420	005	1 100
13	Office expenses	46,555.	44,430.	997.	1,128
14	Information technology				
15	Royalties	61 124	40 725	10 002	416
16	Occupancy	61,124.	49,725.	10,983.	410
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	17,578.	14,626.	2,563.	389
19 20	Conferences, conventions, and meetings	17,370.	11,020.	2,303.	303
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	5,700.	4,637.	1,024.	39
23	Insurance	18,375.	14,947.	3,302.	126
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 0.)				
а	GUDGGD TDETONG & MEMDED G	78,141.	63,933.	8,352.	5,856
b	SUBCONTRACTORS & CLIENT	51,700.	51,700.		
С	STAFF DEVELOPMENT	34,227.	30,175.	3,904.	148
d	BAD DEBT	30,000.		30,000.	
е	All other expenses	8,227.	6,122.	583.	1,522
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,958,386.	3,261,856.	650,668.	45,862
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

Par	tΧ	Balance Sneet						
		Check if Schedule O contains a response or	note to a	any line in	this Part X	(A)		(B)
						Beginning of year		End of year
	1	Cash - non-interest-bearing				281.	1	283
	2	Savings and temporary cash investments				3,856,246.	2	3,143,57
	3	Pledges and grants receivable, net				62,627.	3	174,84
	4	Accounts receivable, net				732,801.	4	536,33
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su	bstantia	l contribu	tor, or 35%			
		controlled entity or family member of any of t	hese pe	rsons			5	
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ	bed in se	ection 49	58(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
¥	9	Donat alid according to a state of the state				110,367.	9	126,90
	10a	Land, buildings, and equipment: cost or othe	er					
		basis. Complete Part VI of Schedule D	10	а	382,312.			
	b	Less: accumulated depreciation	10	b	378,386.	8,227.	10c	3,92
	11	Investments - publicly traded securities				782,146.	11	641,57
	12	Investments - other securities. See Part IV, lin					12	
	13	Investments - program-related. See Part IV, lin			13			
	14	Intangible assets	L		14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must e			1	5,552,695.	16	4,627,43
	17	Accounts payable and accrued expenses		365,676.	17	298,59		
	18	Grants payable		18				
	19	Deferred revenue	411,458.	19	217,68			
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
s	22	Loans and other payables to any current or fo						
Itle		trustee, key employee, creator or founder, su	bstantia	l contribu	tor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pe	rsons			22	
֡֞֜֞֞֜֞֞֜֞֡֞֜֞֡֞֓֓֡֞֜֞֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to uni	related t				23	
	24	Unsecured notes and loans payable to unrela				587,242.	24	
	25	Other liabilities (including federal income tax,			1			
		parties, and other liabilities not included on lii						
		of Schedule D			L		25	
	26	Total liabilities. Add lines 17 through 25				1,364,376.	26	516,27
		Organizations that follow FASB ASC 958, o	check h	ere 🕨 [	X			
Ses		and complete lines 27, 28, 32, and 33.						
and	27	Net assets without donor restrictions				3,660,841.	27	3,586,37
ра	28	Net assets with donor restrictions				527,478.	28	524,784
nd		Organizations that do not follow FASB ASC						
<u>.</u>		and complete lines 29 through 33.						
ğ	29	Capital stock or trust principal, or current fun	ds				29	
Set	30	Paid-in or capital surplus, or land, building, or					30	
As	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				4,188,319.	32	4,111,16
_	33	Total liabilities and net assets/fund balances				5,552,695.	33	4,627,434

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			775.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	958,	386.			
3	Revenue less expenses. Subtract line 2 from line 1	3		185,	389.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	188,	319.			
5	Net unrealized gains (losses) on investments							
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	4,	111,	163.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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?		2b	Х				
	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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>			
			Form	990	(2021)			

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** COMMUNITY RESOURCE EXCHANGE INC. 13-3048638 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,		, ,	, , , , , , , , , , , , , , , , , , ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,654,990.	1,831,272.	1,933,248.	2,013,234.	2,274,677.	10,707,421.
2	Tax revenues levied for the organ-						
	ization'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	2,654,990.	1,831,272.	1,933,248.	2,013,234.	2,274,677.	10,707,421.
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)						848,882.
6	Public support. Subtract line 5 from line 4.						9,858,539.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,654,990.	1,831,272.	1,933,248.	2,013,234.	2,274,677.	10,707,421.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	138,036.	159,216.	108,054.	41,502.	42,449.	489,257.
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.	23,052.
11	<b>Total support.</b> Add lines 7 through 10						11,219,730.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	9,811,487.
13	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						,
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	87.87 %
15	- · · · · · · · · · · · · · · · · · · ·					15	85.81 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		ightharpoonup
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>▶</b> □
18	<b>Private foundation.</b> If the organization				•		
			,			Calcadula A	

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

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## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
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	9b		
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	10a		
	10b		
_		- 000	0004

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	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		
	A family member of a person described on line 11a above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	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 supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

COMMUNITY RESOURCE EXCHANGE, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
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.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	nization (see			
	instructions).			·			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
<u></u>	Ente o amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
T	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	•			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

#### **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

Inspection

Name of the organization

COMMUNITY RESOURCE EXCHANGE, INC.

**Employer identification number** 13-3048638

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
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 w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

Par	rt III   Organizations Maintaining (	Collections of Art	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	ollowing that make	significant u	ise of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations	Preservation for future generations							
4	Provide a description of the organization's of	ollections and explain	how they further th	e organization's ex	empt purpos	se in Part XI	III.		
5	During the year, did the organization solicit	or receive donations o	of art, historical treas	sures, or other simil	ar assets				_
	to be sold to raise funds rather than to be m						Yes		No
Par	rt IV Escrow and Custodial Arrar		ete if the organization	n answered "Yes" o	n Form 990	, Part IV, lin	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.							
1a	Is the organization an agent, trustee, custoo		•						,
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	lowing table:						
							Amount		
	0 0								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F				•		Yes		No
	If "Yes," explain the arrangement in Part XIII								
Pai	rt V Endowment Funds. Complete					<del></del>			
		(a) Current year	(b) Prior year	(c) Two years back	+ • • • •		(e) Four		
1a	0 0 ,	2,028,832.	2,108,244.	2,848,919		36,621.		169,	
b	Contributions	890,292.	674,652.	850,500	1,0	40,275.	1,	850,	239.
С	Net investment earnings, gains, and losses								
d									
е									
	and programs	892,986.	754,064.	1,591,175	1,1	27,977.	1,	083,	384.
f	Administrative expenses								
g			2,028,832.		2,8	48,919.	2,	936,	621.
2	Provide the estimated percentage of the cur	•		) held as:					
а		74.0992	_%						
b		%							
С		<del>-</del>							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	id administered for	the organiza	ition	Г	Yes	No.
	by:						$\overline{}$	res	
	(i) Unrelated organizations						3a(i)		<u> </u>
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiz						3b		
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment tunds.						
· ui	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part )	( line 10				
	Description of property	(a) Cost or o	<u> </u>			- I	d\ Dool		
	Description of property	basis (investr	` '	1 , ,	Accumulate lepreciation	:a   (	d) Bool	( value	3
	Land	<u> </u>	.5.14	(5.1.51)					
	Land								
b	•			201,615.	201,	615			0.
	1			180,697.	176,			3	926.
d	1 1				<u> </u>			٠, ٠	
	Other		V == 1== (D) 11: 4:	<u> </u>				3	926.
rota	n. Add illes Ta tillough Te. (Column (d) must i	equai Form 990, Part i	x, column (B), line 10	JC.J		Schodulo F	) /Farm		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COMMUNITY RESOURCE	E EXCHANGE, INC.		13-3048638 Page <b>3</b>
Part VII Investments - Other Securities.	5 000 B 1 11 / 11	141 0 5 000 5 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" of  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	od-of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of el	id-or-year market value
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)		<u> </u>	
(2)			
(3)			
(4)		+	
(5)		+	
(6)		+	
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 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, col. (B) line	<u>15.)</u>	<b>)</b>	<u> </u>
Part X Other Liabilities.	- F 000 B+ IV/ I'	. 44 446 O F 000 P+ V line 0	-
Complete if the organization answered "Yes" of a Description of liability	n Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 2	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(7)			
(9)			
	25.)	<u> </u>	,
Total. (Column (b) must equal Form 990, Part X, col. (B) line  2. Liability for uncertain tax positions. In Part XIII, provide to			that reports the
2. Liability for uncertain tax positions. In Part XIII, provide to			_

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D	(Form 990) 2021 COMMUNITY RESOURCE EXCHANGE, INC.			13-3048638	Page <b>4</b>
	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Ret	turn.	9
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I	. 1	2 002 017
1					1	3,883,917.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	060 545		
а		nrealized gains (losses) on investments		-262,545.		
b		ed services and use of facilities	1 1	8,079.		
С		eries of prior year grants				
d		(Describe in Part XIII.)	•		_	254 466
е		nes 2a through 2d			2e	-254,466.
3		act line 2e from line 1			3	4,138,383.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	F 200		
а		ment expenses not included on Form 990, Part VIII, line 7b		5,392.		
b		(Describe in Part XIII.)				<b>5</b> 200
С		nes <b>4a</b> and <b>4b</b>			4c	5,392.
<u>5</u>	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nto Mith I	Evnences ner D		4,143,775.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme		expenses per H	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I	. 1	2 061 072
1		expenses and losses per audited financial statements			1	3,961,073.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1.1	0 000		
а		ed services and use of facilities		8,079.		
b		vear adjustments				
С		losses				
d		(Describe in Part XIII.)	2d			0 000
		nes <b>2a</b> through <b>2d</b>			2e	8,079.
3		act line 2e from line 1			3	3,952,994.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1	F 200		
а		ment expenses not included on Form 990, Part VIII, line 7b		5,392.		
b		(Describe in Part XIII.)	4b			F 200
		nes <b>4a</b> and <b>4b</b>		i i	4c	5,392.
5 <b>D</b> a	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.			5	3,958,386.
		••				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	•		; Part X, line 2; F	Part XI,
PART	rV, L	INE 4:				
UNRI	ESTRIC	TED MONIES OR ASSETS CONTRIBUTED TO CRE WHICH ARE DESIGNA	TED BY			
THE	BOARD	OF DIRECTORS TO PROVIDE LONG-TERM FINANCIAL SUPPORT FOR	USES			
INCI	LUDING	INVESTMENTS AND EMERGENCIES. USE OF THESE FUNDS REQUIRES	BOARD			
APPI	ROVAL.					
NET	ASSET	S WITH DONOR RESTRICTIONS OF CRE WHICH HAVE BEEN LIMITED	ву			
DONG	OR-IMP	OSED STIPULATIONS THAT EITHER EXPIRE WITH THE PASSAGE OF	TIME OR			
CAN	מק קון	LETTLED AND DEMONED BY THE ACTIONS OF CDF DIDSHAMT TO THO	ਰਜ਼			

Schedule D (Form 990) 2021

STIPULATIONS.

Schedule D (Form 990) 2021 COMMUNITY RESOURCE EXCHANGE, INC.	13-3048638	Page 5
Schedule D (Form 990) 2021 COMMUNITY RESOURCE EXCHANGE, INC.  Part XIII Supplemental Information (continued)		

### SCHEDULE J (Form 990)

**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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

COMMUNITY RESOURCE EXCHANGE, INC.

Employer identification number 13-3048638

Pa	art I Questions Regarding Compensation						
			Yes	No			
<b>1</b> a	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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account 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	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.						
	X Compensation committee						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
	Decided the control of the control of the dear France 200 Dectatilly Control A. France						
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:	4a		х			
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental page uslified retirement plan?	4a 4b		х			
C	b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?						
·	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.						
	ii 103 to any or intes 44°C, not the persons and provide the applicable amounts for each item in Fart 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:						
а	The organization?	5a		х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6							
	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	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)?	9					

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TILOMA JAYASINGHE	(i)	217,554.	0.	0.	0.	26,466.	244,020.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0,	0.	
(2) JEAN R. LOBELL	(i)	162,396.	0.	0.	8,058.	12,495.	182,949.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.	
(3) TRACEY K. ALLARD	(i)	155,525.	0.	0.	7,960.	12,644.	176,129.	0.	
DIR. OF CULTURE AND EQUITY	(ii)	0.	0.	0.	0.	0.	0,	0.	
(4) JEFFERSON A. BALLOW	(i)	124,805.	10,000.	0.	6,932.	26,023.	167,760.	0.	
SENIOR CONSULTANT	(ii)	0.	0.	0.	0.	0.	0,	0.	
(5) UNIQUE A. BRATHWAITE	(i)	137,587.	0.	0.	6,916.	12,754.	157,257.	0.	
DIR. OF STRATEGIC DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) RANDALL K. QUAN	(i)	137,485.	0.	0.	6,867.	12,466.	156,818.	0.	
SENIOR CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

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

Pai	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de	etermin	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	25,227				
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other ()							
28	Other (							
29	· · · · · · · · · · · · · · · · · · ·	ation during	the tax vear for co	ontributions				
	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement							
							Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throu	ah 28. that it			
	Da During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
						30a		х
h	exempt purposes for the entire holding period? <b>b</b> If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					х		
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
OZU	contributions?					32a		Х
b					•••••	O_U		
33	*	olumn (c) for	r a type of property	for which column (a) is ch	ecked			
-	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.							
	For Panerwork Reduction Act Notice see t	the Instruct	tions for Form 000	1	Schedule M	A /Earn	~ 000)	2021

Schedule M (Form 990) 2021

132142 11-17-21

### 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.

Open to Pul

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY RESOURCE EXCHANGE INC.

Employer identification number 13-3048638

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE'S LIVES AND DRIVE SOCIAL CHANGE, PART III - LINE 1 COMMUNITY RESOURCE EXCHANGE (CRE) 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 SPECIALIZE IN SERVING ORGANIZATIONS THAT HAVE DEEP ROOTS IN URBAN COMMUNITIES, PARTICULARLY THOSE GROUPS WORKING TO FIGHT POVERTY, PROMOTE EQUITY, AND EXPAND OPPORTUNITY. CRE WAS FOUNDED IN 1979 WITH A VISION TO HELP COMMUNITY LEADERS BUILD IMPACTFUL AND LONG-STANDING ORGANIZATIONS TO ADDRESS THE NEEDS OF PEOPLE LIVING IN POVERTY. SINCE OUR BEGINNING, WE HAVE BEEN PROVIDING ALL ASPECTS OF CAPACITY BUILDING SUPPORT TO NYC BASED NONPROFITS INCLUDING LEADERSHIP DEVELOPMENT, STRATEGIC PLANNING BOARD DEVELOPMENT, AND HELPING LEADERS EFFECTIVELY MANAGE CHANGE AND GROWTH WE HAVE DEVELOPED A KEY SET OF CORE COMPETENCIES: CONSULTING, PEER BASED LEARNING, TRAINING, AND COACHING. CENTRAL TO OUR APPROACH IS OUR COMMITMENT TO ADVANCE RACIAL EQUITY AND INTEGRATING A DIVERSITY EQUITY, AND INCLUSION (DEI) LENS WITHIN ALL OF OUR OFFERINGS. WE PROVIDE CUSTOMIZED SUPPORT AND TOOLS NEEDED TO ENSURE EFFECTIVE HIGH-PERFORMING STAFF, FINANCIAL SUSTAINABILITY, IMPACTFUL PROGRAMS; TOGETHER THESE CRUCIAL ELEMENTS ALLOW ORGANIZATIONS TO SERVE THEIR COMMUNITIES AS EFFECTIVELY AS POSSIBLE.

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

Schedule O (Form 990) 2021

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**Employer identification number** Name of the organization COMMUNITY RESOURCE EXCHANGE, INC. 13-3048638 CRE HAS FOUR MAIN SERVICE LINES: (I) STRATEGY AND PLANNING, WHICH ALIGNS STAKEHOLDERS, SETS CLEAR GOALS FOR SUCCESS, AND SUPPORTS ORGANIZATIONS IN MAKING EFFECTIVE USE OF LIMITED RESOURCES TO ENSURE SUSTAINABILITY WHILE MAXIMIZING AND MEASURING IMPACT; (II) ORGANIZATIONAL MANAGEMENT, WHERE CUSTOMIZED ASSESSMENT TOOLS AND METHODS ARE USED TO HELP ORGANIZATIONS DETERMINE WHAT CHANGES THEY SHOULD IMPLEMENT; (III) TALENT AND INNOVATION, WHICH FOCUSES ON DEVELOPING PRACTICES, PROCESSES, AND SYSTEMS THAT ATTRACT, DEVELOP, AND RETAIN TALENT, BUT GOES DEEPER TO ADDRESS TEAM EFFECTIVENESS, CULTURE CHANGE, AND EXECUTIVE SEARCH; AND (IV) LEADERSHIP DEVELOPMENT, WHICH STRENGTHENS THE LEADERSHIP CAPABILITIES OF ESTABLISHED AND EMERGING NONPROFIT LEADERS THROUGH PEER-BASED LEARNING, CUSTOMIZED TRAINING, AND EXECUTIVE COACHING. OUR PROGRAMS ARE DELIVERED THROUGH ONE-TO-ONE CONSULTING, PEER-BASED LEARNING, TRAINING, COACHING, AND ASSESSMENT. PART III - LINE 4A STARTED OVER 40 YEARS AGO, OUR WORK TODAY SUPPORTS AND STRENGTHENS OVER 500 SOCIAL SECTOR ORGANIZATIONS ANNUALLY. THROUGH THIS WORK, WE IMPACT THE LIVES OF OVER 3.5 MILLION PEOPLE EACH YEAR WHO ARE AFFECTED BY PRESSING SOCIAL ISSUES SUCH AS, EDUCATION, HOUSING, WORKFORCE DEVELOPMENT, AND COMMUNITY REVITALIZATION. CRE'S FOUR SERVICE LINES STRATEGY AND PLANNING, ORGANIZATIONAL MANAGEMENT, TALENT AND INNOVATION, AND LEADERSHIP DEVELOPMENT ARE DELIVERED IN THE FOLLOWING MODALITIES: ONE-TO-ONE CONSULTING, PEER-BASED LEARNING, TRAINING COACHING, AND ASSESSMENT.

STRATEGY AND PLANNING

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Name of the organization **Employer identification number** COMMUNITY RESOURCE EXCHANGE, INC. 13-3048638 CRE APPROACHES PLANNING AS A PROCESS IN WHICH THE BEST DECISIONS ARE MADE NOW TO THEN GUIDE THE ORGANIZATION IN THE FUTURE. WE PARTNER WITH OUR CLIENTS TO ENSURE THEY ARE INFORMED BY MEANINGFUL DATA INCLUDING INPUT FROM BOTH THEIR CONSTITUENTS AND STAKEHOLDERS THAT LEADS TO IMPLEMENTABLE DECISIONS. PLANNING ALIGNS STAKEHOLDERS, ESTABLISHES CLEAR GOALS FOR SUCCESS, AND SUPPORTS ORGANIZATIONS IN SUSTAINING THE MOST EFFECTIVE USE OF LIMITED RESOURCES WHILE MAXIMIZING MEASURABLE IMPACT. THE END-GOAL OF ALL PLANNING ENGAGEMENTS IS TO ENABLE NONPROFITS TO BETTER ACHIEVE THEIR MISSIONS IN A FINANCIALLY SUSTAINABLE WAY. STRATEGY AND PLANNING OFFERINGS INCLUDE: THEORY OF CHANGE, STRATEGIC PLANNING, BUSINESS PLANNING, PROGRAM PLANNING OUTCOMES MEASUREMENT, COMMUNITY COLLABORATION, AND STRATEGIC ALLIANCES. ORGANIZATIONAL MANAGEMENT CRE UNDERSTANDS THAT NONPROFITS OPERATE IN A COMPLEX ENVIRONMENT AND WORKS WITH THEM TO PRIORITIZE IMPACT AND SUSTAINABILITY AS THEY GROW. WE USE CUSTOMIZED ASSESSMENT TOOLS AND METHODS TO HELP ORGANIZATIONS DETERMINE WHAT CHANGES THEY SHOULD IMPLEMENT, WHEN, AND WHY, WE PARTNER WITH EACH NONPROFIT CLIENT TO ACHIEVE THESE RESULTS, PAYING CLOSE ATTENTION TO WHAT IS REQUIRED TO ENVISION AND MANAGE CHANGE. WHETHER IT IS BOARD DEVELOPMENT, HR MANAGEMENT, OR RISK ASSESSMENT, OUR TEAM'S EXTENSIVE KNOWLEDGE PAIRED WITH OUR PRACTICAL APPROACH ALLOWS NONPROFITS TO ACHIEVE BETTER RESULTS. ORGANIZATIONAL MANAGEMENT OFFERINGS INCLUDE: BOARD DEVELOPMENT, ORGANIZATIONAL ASSESSMENT, RISK MANAGEMENT, CHANGE MANAGEMENT, FINANCIAL MANAGEMENT, HUMAN RESOURCE MANAGEMENT, AND IMPLEMENTATION SUPPORT.

TALENT AND INNOVATION

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**Employer identification number** Name of the organization COMMUNITY RESOURCE EXCHANGE, INC. 13-3048638 AT CRE, WE BELIEVE THAT HAVING THE RIGHT PEOPLE IN THE RIGHT ROLES IS ESSENTIAL TO AN ORGANIZATION'S GROWTH AND SUCCESS. OUR TALENT MANAGEMENT AND INNOVATION PRACTICE NOT ONLY FOCUSES ON DEVELOPING PRACTICES, PROCESSES, AND SYSTEMS THAT ATTRACT, DEVELOP, AND RETAIN TALENT, BUT ALSO ADDRESSES TEAM EFFECTIVENESS, CULTURE CHANGE, AND EXECUTIVE SEARCH. WE ALSO CHALLENGE OURSELVES AND OUR CLIENTS TO USE APPROACHES THAT FOSTER INNOVATION BY PUTTING THE RECIPIENTS OF A NONPROFIT'S SERVICES AT THE CENTER OF ORGANIZATIONAL PLANNING, SO THAT TOGETHER WE DEVELOP BOLD IDEAS THAT BETTER SERVE OUR COMMUNITIES. THESE OFFERINGS INCLUDE: INNOVATION; DIVERSITY, EQUITY, AND INCLUSION; CULTURE CHANGE; TEAM EFFECTIVENESS; EXECUTIVE SEARCH; AND TALENT MANAGEMENT. LEADERSHIP DEVELOPMENT BUILDING EFFECTIVE LEADERS IS AT THE HEART OF WHAT WE DO AT CRE. WE STRENGTHEN THE LEADERSHIP CAPABILITIES OF ESTABLISHED AND EMERGING NONPROFIT LEADERS THROUGH PEER-BASED LEARNING, CUSTOMIZED TRAINING, AND EXECUTIVE COACHING. BECAUSE MOST PEOPLE LEARN BEST BY DOING. WE USE ADULT LEARNING THEORIES IN OUR LEADERSHIP DEVELOPMENT TRAININGS AND COACHING ACTIVITIES. 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:

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**Employer identification number** Name of the organization COMMUNITY RESOURCE EXCHANGE, INC. 13-3048638 THE PROCESS USED BY COMMUNITY RESOURCE EXCHANGE, INC. TO REVIEW FORM 990 BEFORE FILING IS: EXTERNAL AUDITING FIRM PREPARES CRE'S 990; 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.

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Name of the organization **Employer identification number** COMMUNITY RESOURCE EXCHANGE, INC. 13-3048638 FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS USED BY CRE FOR DETERMINING AND DOCUMENTING COMPENSATION FOR THE PRESIDENT & CEO IS: 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. PART VIII - LINE 1E IN FEBRUARY 2021, CRE RECEIVED A SECOND LOAN TOTALING \$587,242 UNDER THE PAYCHECK PROTECTION PROGRAM, A BUSINESS LOAN PROGRAM ESTABLISHED UNDER THE CARES ACT. IN NOVEMBER 2021, THE SBA AUTHORIZED THIS LOAN TO BE FORGIVEN AND CONSIDERED PAID IN FULL. CRE HAS RECORDED THE LOAN AS PART OF GOVERNMENT GRANTS AND CONTRACT REVENUE IN 2022.

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		20 0010000

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print COMMUNITY RESOURCE EXCHANGE INC. 13-3048638 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PMB 78695 228 PARK AVE S return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10003-1502 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) MELKIS ALVAREZ- BAEZ The books are in the care of 228 PARK AVE S PMB 78695 - NEW YORK, NY 10003-1502 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 If it is for part of the group, check this box AUGUST 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 SEP 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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

123841 01-12-22

instructions

LHA

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

Form 8868 (Rev. 1-2022)