Form	990

Department of the Treasury

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

OMB No. 1545-0047

**Open to Public** 

Inspection

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

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

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

Inter	mal Reve	nue Service		Inspection				
Α	For the	e 2023 calen		, 20				
в	Check if	f applicable:	C Name of organization HOWARD ECOWORKS INC		D Emplo	oyer identification number		
	Address	s change	Doing business as		81-20	)54803		
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial re	turn	9770 PATUXENT WOODS DR	309	(443)518-7665			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	COLUMBIA, MD 21046			receipts \$1,236,167.		
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🔀 No		
			LORI LILLY, 9770 PATUXENT WOODS DR, STE 309, COLUMBIA, MD 23	1046 <b>H(b)</b> Are all su	ubordinate	es included? 🗌 Yes 🗌 No		
I	Tax-exe	empt status:	▼ 501(c)(3)         501(c) (         ) (insert no.)         4947(a)(1) or         527	If "No," a	ittach a lis	st. See instructions.		
	Website		OWARDECOWORKS.ORG	H(c) Group ex	kemption	number		
1		organization: 🗙	Corporation Trust Association Other L Year of form	nation: 2016	M State	of legal domicile: MD		
P	art I	Summa						
	1		cribe the organization's mission or most significant activities: $\underline{ extsf{TO EMPON}}$	ER COMMUNITIES AND D	IVERSE WOR	KFORCES TO RESPECT AND RESTORE		
JCe		OUR NAT	URAL SYSTEMS FOR FUTURE GENERATIONS					
nar								
Activities & Governance	2		box if the organization discontinued its operations or disposed		1 1			
õ	3		voting members of the governing body (Part VI, line 1a)		3	5		
ς δ	4		independent voting members of the governing body (Part VI, line 1)		4	5		
itie	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	44		
ctiv	6		ber of volunteers (estimate if necessary)		6	250		
Ā	7a				7a	0.		
	b	Net unrelat	red business taxable income from Form 990-T, Part I, line 11		7b	0.		
		о . н. н.		Prior Year		Current Year		
ne	8		ons and grants (Part VIII, line 1h)		599.	784,746.		
Revenue	9	-	ervice revenue (Part VIII, line 2g)		116.	409,407.		
Re	10		income (Part VIII, column (A), lines 3, 4, and 7d)		015.	5,562.		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		972.	35,525.		
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	667,	672.	1,235,240.		
	13 14		I similar amounts paid (Part IX, column (A), lines 1–3)					
	14	•		100	700	701 070		
ses	16a		her compensation, employee benefits (Part IX, column (A), lines 5–10) al fundraising fees (Part IX, column (A), line 11e)	498,	789.	781,870.		
Expenses								
EXE	b 17		aising expenses (Part IX, column (D), line 25) 74, 321. enses (Part IX, column (A), lines 11a–11d, 11f–24e)	254	102.	386,603.		
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		891.			
	19	•	ess expenses. Subtract line 18 from line 12		219.	1,168,473. 66,767.		
r se	-			Beginning of Curr		End of Year		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		594.	588,160.		
Asse	21		ties (Part X, line 26)		689.	316,142.		
Net	22		or fund balances. Subtract line 21 from line 20		905.	272,018.		
		1101 000010		202,	JUJ.	2/2,010.		

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			08	/14/2024								
Sign	Signature of officer	Date	1									
Here	LORI LILLY, FOUNDER & EXECUTIVE DIRECTOR											
	Type or print name and title											
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN								
Preparei	Jay R. Kapadia, CPA			self-employed P00804015								
Use Only		DAVIS & ASSOCIATES, CPA. I	PA Firm's	EIN 52-1861549								
	Firm's address 1406 B SOUT	H CRAIN HWY 204, GLEN BURN	NIE, MD 21061 Phon	eno. (410)766-2645								
May the IR	S discuss this return with the pre	parer shown above? See instructions		🗌 Yes 🗙 No								
For Paperw	ork Reduction Act Notice, see the	separate instructions. BAA	REV 05/09/24 PRO	Form <b>990</b> (2023)								

orm 99	Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
'	TO EMPOWER COMMUNITIES AND DIVERSE WORKFORCES TO RESPECT AND RESTORE
	OUR NATURAL SYSTEMS FOR FUTURE GENERATIONS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 613,417. including grants of \$0.) (Revenue \$ 733,152.)
	GRANTS BUILD RAIN GARDENS AND CONSERVATION LANDSCAPES THAT FILTER STORMWATER
	RUNOFF AND ALLEVIATE FLOODING FROM PAVEMENT AND OTHER IMPERVIOUS
	SURFACES. TO EMPOWER AN UNDER-SERVED WORKFORCE TO RESPECT AND
	RESTORE OUR NATURAL SYSTEMS FOR FUTURE GENERATIONS TO LEAD IN
	DEVELOPING INNOVATIVE SOLUTIONS, A SKILLED WORKFORCE AND PARTNERSHIPS
	FOR RESILIENT COMMUNITIES.
b	(Code: ) (Expenses \$ 343,097. including grants of \$ 0. ) (Revenue \$ 409,407. )
	FEE FOR SERVICE BUILD RAIN GARDENS AND CONSERVATION LANDSCAPES THAT
	FILTER STORMWATER RUNOFF AND ALLEVIATE FLOODING FROM PAVEMENT AND OTHER
	IMPERVIOUS SURFACES. TO EMPOWER AN UNDER-SERVED WORKFORCE TO RESPECT AND RESTORE
	OUR NATURAL SYSTEMS FOR FUTURE GENERATIONS TO LEAD IN DEVELOPING
	INNOVATIVE SOLUTIONS, A SKILLED WORKFORCE AND PARTNERSHIPS FOR
	RESILIENT COMMUNTIES.
c	(Code:) (Expenses \$ 83,175. including grants of \$ 0.) (Revenue \$ 35,365.)
	PRODUCT SALES SELL NURSERY PRODUCT TO PROJECTS AND PUBLIC.
łd	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     1,039,689.

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Part	V 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	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e 11f	×	×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.41		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	15 16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	23 24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		××
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		××
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

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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 <b>2a</b> 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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)?			~
b	If "Yes," enter the name of the foreign country	4a		×
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		×
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		××
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
Ŭ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
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		×
	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		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
	· 1			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	tions.
Sacti	Check if Schedule O contains a response or note to any line in this Part VI			
Secu			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a 1a 1a 1a 1a 1a 1a 1a</b>	5		
b 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> <u>5</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	××	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	-	nde )	~
0000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c	× × × ×	
13 14 15	Did the organization have a written whistleblower policy?	13 14	×	×
a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		×
b 16a	Other officers or key employees of the organization	15b 16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100	1	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	·		
19				- Barr

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. LORI LILLY, 9770 PATUXENT WOODS DR, STE 309, COLUMBIA, MD 21046 (443)518-7665

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			(C)							
(A)	(B)				Position			(D)	(E)	(F)
Name and title	Average			heck more than one ss person is both an				Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any	Individual trustee or director	Ins	0ff	Ke	Highest compensated employee	For	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	ividu direc	titut	Officer	Key employee		Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual t	iona		oldt	'ee	Ì	1099-NEC)	1099-NEC)	related organizations
	below	rust	ltru		yee	npe				
	dotted line)	ee	Institutional trustee			nsat				
						ed				
(1) LORI LILLY	40.00	-								
FOUNDER & EXECUTIVE DIRECTOR				×				87,410.	0.	2,717.
(2) JAMIE FRASER	2.00									
DIRECTOR		×						0.	0.	0.
(3) PAUL HAYDEN	2.00	×						0.	0.	0
DIRECTOR	2 00							0.	0.	0.
(4) JAMES MORTON DIRECTOR	2.00	×						0.	0.	0.
(5) LYDIA POOLE	2.00							0.	0.	0.
DIRECTOR	2.00	×						0.	0.	0.
(6) DANI TUANC	2.00									
DIRECTOR		×						0.	0.	0.
(7)										
		1								
(8)										
(9)		-								
(10)		-								
(4.4)										
(11)		-								
(12)										
(14)		-								
(13)										
<u></u>		1								
(14)										
<u></u>	+	1								
	•							!	1	Corres 000 (0000)

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emj	oloy	yee	s, an	d⊦	lighest Compe	nsated	Emplo	yees (	contir	nued)
					(C Pos	<b>C)</b>								
	<b>(A)</b> Name and title	(B) Average	(do not check more tha					(D) Reportable	(E) Report		Ectimo	(F) ated am	ount	
	Name and the	hours							compensation	compen	sation	c	of other	
		(list any r d r d r d r d r d r d r d r d r d r						ŕ	from the organization (W-2/	from re organizatio			pensations or the	on
		hours for	Individual t or director	stitut	Officer	Key employee	ghes 1ploy	Former	1099-MISC/	1099-N	1ISC/	organ	ization	
		related organizations	ual t	iona		oldt	t coi /ee		1099-NEC)	1099-1	NEC)	related	organiza	ations
		below	Individual trustee or director	Institutional trustee		yee	nper							
		dotted line)	ee ee	stee			Highest compensated employee							
(15)							<u>a</u>							
(16)														
(10)														
(17)			-											
(18)														
(19)														
(20)			-											
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			·	•		•	•	87,410.		0.		2,5	717.
с d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Sectio		·	·	• •	•	•	87,410.		0.		2 5	717.
2	Total number of individuals (including but									e than \$1		of	2,1	<u> </u>
	reportable compensation from the organi	zation						<u> </u>						
	<b>S</b>												Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete s</i>							-	loyee, or highes	-		3		~
4	For any individual listed on line 1a, is the											-		×
	organization and related organizations individual													
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	n any	, un	related organizat	tion or ind	 dividual	4		×
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ile J f	or s	such person .			5		×
Section 1	on B. Independent Contractors Complete this table for your five high	lest comp	ancat	-d	inda	200	ndent		ntractore that	acaivad	moro	than ¢	100.00	$\frac{10}{10}$
_	compensation from the organization. Rep													
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compens		

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Part VIII Statement of Revenue

Part		Statement of Rev Check if Schedule			snor	ise or note to ar	w line in this Pa	art VIII		
			0.00		<u>,5001</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its, its	1a	Federated campaig			<b>1</b> a					
àrar	b	Membership dues			1b					
S, G	C d	cFundraising events1cdRelated organizations1d								
Gift ilar	e	Government grants			1e	733,152.				
ns, Sim	f	All other contribution	ns, gi	fts, grants,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Contributions, Gifts, Grants, and Other Similar Amounts		and similar amounts no			1f	51,594.				
Oth	g	Noncash contributio								
ont and		lines 1a-1f			1g					
0	n	Total. Add lines 1a-		• •	Business Code	784,746.				
e	2a	FEE FOR SERVI	CES			562000	409,407.	409,407.	0.	0.
Program Service Revenue	b						105,10,1	10371071		
a Se	с									
jram Ser Revenue	d									
бо	e									
ā	f g	All other program se <b>Total.</b> Add lines 2a-					409,407.			
	3	Investment income					407,407.			
		other similar amoun					5,636.	0.	0.	5,636.
	4	Income from investr	nent	of tax-exem	npt bo	ond proceeds				
	5	Royalties <u></u>								
	0-	Owners		(i) Rea		(ii) Personal				
	6a b	Gross rents Less: rental expenses	6a 6b							
	c	Rental income or (loss)								
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
	ь	other than inventory Less: cost or other basis	7a	8	353.					
evenue	U U	and sales expenses .	7b		927.					
eve	с	Gain or (loss)	7c		-74.					
ŗ	d	Net gain or (loss)					-74.	-74.	0.	0.
Other R	8a	Gross income from		Indraising						
0		events (not including		al a se llas a						
		of contributions rep 1c). See Part IV, line		a on line	8a					
	b	Less: direct expens			8b					
	c	Net income or (loss)				ents				
	9a	Gross income f			Ĩ					
		activities. See Part I			9a					
	b	Less: direct expens			9b					
	с 10а	Net income or (loss) Gross sales of ir		• •		=======================================				
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	с	Net income or (loss)	) from	n sales of in	ivento	ory				
sn						Business Code				
neo Nue	11a									
scellaneo Revenue	b c									<u> </u>
Miscellaneous Revenue	d	All other revenue					35,525.	35,525.	0.	0.
Σ	e	Total. Add lines 11a				<u> </u>	35,525.			
	12	Total revenue. See	instr	uctions			1,235,240.	444,858.	0.	5,636.
						REV 05/09/24	550			Earm <b>QQ</b> (2022)

Part IX Statement of Functional Expenses

#### Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 . . . . . 87,410. 87,410. 0. 0. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . 7 624,366. 552,477. 12,812. 59,077. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 17,970. 16,155. 323. 1,492. 10 Payroll taxes . . . . . . . . . . . . 52,124. 46,860. 938. 4,326. Fees for services (nonemployees): 11 Management . . . . . . . . . . . а Legal . . . . . . . . . . . . . b С Accounting . . . . . . . . . . . d Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 36,007. 36,007. 0. 0. 12 Advertising and promotion . . . . . . 4,587. 4,123. 83. 381. 13 24,158. 21,718. 435. 2,005. Office expenses . . . . . . . . 14 Information technology . . . . . . 27,025. 24,296. 486. 2,243. 15 Royalties . . . . . . . . . 7,600. Occupancy . . . . . . . . . . . . 6,832. 137. 631. 16 Travel . . . . . . . . . . . . . 25,600. 24,320. 1,280. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . . . 20,079. 20,079. 22 Depreciation, depletion, and amortization . 0 0 23 Insurance . . . . . . . . . . . . . 36,905. 33,178. 664. 3,063. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SUPPLIES & MATERIALS 0. 108,289. 108,289. 0. SUBCONTRACTORS 45,874. 45,874. 0. Ο. b 11,949. 13,291. 239. 1,103. С LEASE d TRAINING 24,143. 24,143. 0. 0. е All other expenses 13,045. 11,986. 1,059. Ο. 25 Total functional expenses. Add lines 1 through 24e 1,168,473. 1,039,689. 54,463. 74,321. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if following ŠOP 98-2 (ASC 958-720)

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

-	n 990 (20				Page <b>11</b>
P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	30,634.	1	47,203.
	2	Savings and temporary cash investments	236,647.	2	259,142.
	3	Pledges and grants receivable, net	152,722.	3	141,353.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8			8	
ASS	9	Prepaid expenses and deferred charges	0.	9	1,052.
	10a	Land, buildings, and equipment: cost or other	0.	3	1,052.
	Iu	basis. Complete Part VI of Schedule D <b>10a</b> 147,158.			
	b	Less: accumulated depreciation <b>10b</b> 68,216.	59,753.	10c	78,942.
	11	Investments-publicly traded securities	16,288.	11	18,512.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	54,550.	15	41,956.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	550,594.	16	588,160.
	17	Accounts payable and accrued expenses	42,778.	17	65,209.
	18	Grants payable		18	
	19	Deferred revenue	260,425.	19	218,794.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	44,486.	25	32,139.
	26	Total liabilities. Add lines 17 through 25	347,689.	26	316,142.
ses		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	017,0071		010,111
anc	07		106 100	07	050 105
Bal	27	Net assets without donor restrictions	176,170.	27	253,106.
l pu	28	Net assets with donor restrictions	26,735.	28	18,912.
Net Assets or Fund Balances		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds .		31	
it A	32	Total net assets or fund balances	202,905.	32	272,018.
Ne	33	Total liabilities and net assets/fund balances	550,594.	33	588,160.
	00		550,594.	55	J00,100

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Form **990** (2023)

Form 9	90 (2023)			Pag	ge <b>12</b>
Par	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		35,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		68,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		66,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	02,9	
5	Net unrealized gains (losses) on investments	5		2,3	46.
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	72,0	18.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	mpiled o	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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th	e		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not une		e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 05/00/04 DRO				(0000)

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Form **990** (2023)

SCHEDULE A (Form 990)

(D)

(E) Total

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

OMB No. 1545-0047

Department of the Treasur	١
Internal Revenue Service	

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.

2023
Open to Public Inspection

Name	Name of the organization E					Employer identification	number	
		COWORKS INC					81-2054803	
Par		Reason for Public Char					,	ons.
1	□ A c	ation is not a private founda church, convention of churcl	nes, or associati	on of churches descri	bed in <b>se</b>	ection 17	,	
2		school described in section				-		
3 4	🗌 A r	nospital or a cooperative hos nedical research organization spital's name, city, and state	on operated in co					(iii). Enter the
5		organization operated for t ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	X An de	ederal, state, or local govern organization that normally scribed in <b>section 170(b)(1)</b>	receives a subs <b>(A)(vi)</b> . (Complet	tantial part of its sup te Part II.)	port from			n the general public
8	🗌 A d	community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9	or un	agricultural research organi university or a non-land-gra iversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	rec su	organization that normally r ceipts from activities related pport from gross investment quired by the organization a	to its exempt fur income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a le (less se	nd (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its
11	🗌 An	organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	on 509(a)(4).	
12	on	organization organized and e or more publicly supported box on lines 12a through 12	l organizations d	escribed in section 50	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		<b>Type I.</b> A supporting organization the supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		<b>Type II.</b> A supporting organization(s). <b>You must</b>	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally integration that is not functionally integration requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or T						e II, Type III
f		r the number of supported o						
g	Prov	ide the following information	about the supp	orted organization(s).				
	<b>(i)</b> Nam	e of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	541,048.	588,911.	412,617.	386,599.		2,713,921.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	JH1,040.	566,911.	412,017.	300,399.	/81,/10.	2,113,921.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	541,048.	588,911.	412,617.	386,599.	784,746.	2,713,921.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						2,713,921.
	on B. Total Support				1	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) 2023	(f) Total
7	Amounts from line 4	541,048.	588,911.	412,617.	386,599.	784,746.	2,713,921.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	1,011.	5,636.	6,647.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,720,568.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and <b>stop he</b>	re			or fifth tax ye	ear as a section	on 501(c)(3) · · · · □
	on C. Computation of Public Suppor			4.4			
14 15	Public support percentage for 2023 (line Public support percentage from 2022 Sch					14 15	99.76%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % support test-2023. If the organ						
iva	box and <b>stop here</b> . The organization qua						
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2022.</b> If the organi this box and <b>stop here</b> . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 <sup>1</sup> /3% or m	nore, check
17a	<b>17a 10%-facts-and-circumstances test-2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> (15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	ere. Explain supported
18	Private foundation. If the organization						
	instructions						A (Form 990) 2023

#### 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
-	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						-
U							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(-,	(0) = 0 = 0	(0) = 0 = 1	(0) = 0 = 0	(0) = 0 = 0	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax ve	ar as a soc	tion 501(c)(3)
14	organization, check this box and <b>stop he</b>	0			· · · · · ·		( )( )
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13. column (f))		15	%
16	Public support percentage from 2022 Sch		•			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (	line 10c, colur	nn (f), divided k	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	and <b>stop here</b>	. The organizati	on qualifies as	a publicly suppo	orted organiz	ation
b	331/3% support tests-2022. If the organiz						
	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this I	box and <b>stop h</b>	<b>ere</b> . The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions .

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

#### Section C. Type II Supporting Organizations

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).

#### Section 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. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. *Complete line 2 below.*
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- **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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page <b>7</b>				
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D-Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish		1					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted 2						
3	Administrative expenses paid to accomplish exempt purp	nizations 3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required-	<i>VI</i> ) 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 whic (provide details in <b>Part VI</b> ). See instructions.	ponsive 8						
9								
10	Line 8 amount divided by line 9 amount		1(	)				
Sect	Section E – Distribution Allocations (see instructions)       (i)       (ii)         Section E – Distribution Allocations (see instructions)       Excess Distributions       Pre-2023			(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.							
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

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Schedule A (Form 990) 2023

Dout V/	
Part VI	<b>Supplemental Information.</b> 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.)


SCHEDULE D		Supplemental Financial Statements OMB No. 1545-0047				
(Form 990)		Complete if the orga	nization answered "Yes" on Form 990,		2023	
Department of the Treasury			), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.	-	Open to Public	
	Revenue Service		0 for instructions and the latest informat	tion.	Inspection	
Name o	of the organization				identification number	
	ARD ECOWORI			81-2054		
Par	-	ete if the organization answered "	sed Funds or Other Similar Fund	s or Acc	ounts	
	Compr		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number	at end of year				
2	Aggregate val	ue of contributions to (during year) .				
3		ue of grants from (during year)				
4		ue at end of year		ما انه ما منه م		
5			advisors in writing that the assets hel			
6			d donor advisors in writing that grant			
	only for charit	able purposes and not for the benefi	t of the donor or donor advisor, or for	any othe	er purpose	
					· · · 🗌 Yes 🗌 No	
Par		rvation Easements				
		ete if the organization answered "				
1		conservation easements held by the c of land for public use (for example, recrea		a historic	ally important land area	
		of natural habitat			d historic structure	
		on of open space				
2			d a qualified conservation contribution	in the for	m of a conservation	
		he last day of the tax year.			Held at the End of the Tax Year	
a						
b C	-	-	storic structure included on line 2a			
d			e 2c acquired after July 25, 2006, and			
		tructure listed in the National Register		· 2d		
3		nservation easements modified, trans	ferred, released, extinguished, or term	inated by	the organization during the	
	tax year					
4 5		tes where property subject to conservation have a written policy requ	arding the periodic monitoring, inspe	ection, ha	andling of	
			ements it holds?		· · · DYes DNO	
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservat	ion easements during the year	
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservatio	on easements during the year	
8			2d above satisfy the requirements of s	ection 17		
0		•				
9			onservation easements in its revenue a			
			note to the organization's financial stat	ements tl	nat describes the	
	-	accounting for conservation easemer				
Par			of Art, Historical Treasures, or C	Other Sir	nilar Assets	
10		ete if the organization answered "	B ASC 958, not to report in its revenue	o statomo	nt and halance sheet works	
Ia			held for public exhibition, education,			
			o its financial statements that describe			
b			B ASC 958, to report in its revenue st			
			for public exhibition, education, or rese	earch in f	urtherance of public service,	
		llowing amounts relating to these item			<b></b>	
	(ii) Revenue in	Icluded on Form 990, Part VIII, line 1			• \$	
2	If the organize	ation received or held works of art	historical treasures, or other similar a	 assets for	· Ψ financial dain. provide the	
-	following amo	unts required to be reported under FA	SB ASC 958 relating to these items.			
а	-				. \$	
b	Assets include	ed in Form 990, Part X			. \$	

Schedu	e D (Form 990) 2023									Pa	age <b>2</b>
Part	III Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ontinue	ed)
3	Using the organization's acquisition, collection items (check all that apply).	acces	ssion, and ot	ther reco	rds, chec	k any of the	e follov	ving that make	significar	t use c	of its
а	Public exhibition			Ь	loan	or exchange	e proa	am			
b	Scholarly research			e							
c	<ul> <li>Preservation for future generations</li> </ul>			Ū							
4	Provide a description of the organizat		collections	and expla	ain how t	hey further	the org	anization's exe	mpt purp	ose in	Part
5	During the year, did the organization	solic	it or receive	donatior	s of art.	historical tre	easure	s. or other simi	lar		
	assets to be sold to raise funds rather									es 🗌	No
Part	IV Escrow and Custodial Arra	anae	ments								-
	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	9, or	reported an a	mount o	n Form	n
1a	Is the organization an agent, trustee, included on Form 990, Part X?								iot	es 🗆	No
b	If "Yes," explain the arrangement in Pa	art XI	II and compl	ete the fo	llowing ta	able.					
					0			l A	Amount		
с	Beginning balance						10	;		-	
d	Additions during the year						10	I			
е	Distributions during the year						16	•			
f	Ending balance						1f				
2a	Did the organization include an amound	nt on	Form 990, P	art X, line	e 21, for e	scrow or cu	istodia	l account liabilit	y? 🗌 <b>Y</b>	es 🗌	No
b	If "Yes," explain the arrangement in Pa	art XI	II. Check her	re if the e	xplanatio	n has been	provid	ed in Part XIII .			
Par											
	Complete if the organization	ans	wered "Yes	<u>on For "</u>	m 990, F	Part IV, line	910.				
		(a)	Current year	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years bad	ck (e) Fou	r years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	he cu	irrent year ei	nd balanc	e (line 1g	, column (a)	) held	as:			
а	Board designated or quasi-endowment	nt		%							
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	e pos	session of th	he organi	zation that	at are held a	and ad	ministered for t	he		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
_	()										
b	If "Yes" on line 3a(ii), are the related o						• •		3b		
4 Dort	Describe in Part XIII the intended uses			on's endo	owment fi	unds.					
Part				" on For	m 000 r	Dart IV/ line	110	Saa Earm 000	Dort V	line 1(	0
	Complete if the organization	ans									0.
	Description of property		(a) Cost or o (investm	nent)		or other basis ther)	• • •	Accumulated epreciation	( <b>a</b> ) Bo	ok value	
1a	Land			0.							0.
b	Buildings										
С	Leasehold improvements					5,867.		227.		5,64	
d	Equipment				1	41,291.		67,989.		73,30	02.
e	Other										
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part )	x, line 10a	c, column (E	3)) .			78,94	42.

#### Schedule D (Form 990) 2023 Investments-Other Securities Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments – Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) RIGHT OF USE ASSET, NET OF ACCUMULATED AMORTIZATION 41,956 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 41,956. . . . **Other Liabilities** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 32,139 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) . 32,139. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2023				Page 4
Part				Returr	า
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,237,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,346.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	2,346.
3	Subtract line <b>2e</b> from line <b>1</b>	· ·		3	1,235,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,235,240.
Part				er Retu	ırn
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,168,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,168,473.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,168,473.
Part	XIII Supplemental Information			• •	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Form 990) 2023 Page 5					
Part XIII	Supplemental Information (continued)				

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



Name of the organization

HOWARD ECOWORKS INC

Employer identification number 81-2054803

Pt VI, Line 11b: THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND IS FILED

AFTER THEIR APPROVAL.

Pt VI, Line 12c: HOWARD ECOWORKS REGULARLY MONITORS COMPLIANCE WITH THE CONFLICT

OF INTEREST POLICY BY REQUIRING RELEVANT MEMBERS TO DISCLOSE ANY ACTUAL OR POTENTIAL

CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. THIS

REQUIREMENT IS CONTINUOUS AND ONGOING. THE MONITORING IS MADE EFFECTIVE BY REVIEWING

REQUIRED QUESTIONNAIRES AND PERIODIC REVIEWS DONE BY THE BOARD OF DIRECTORS AND

MANAGEMENT.

Pt VI, Line 19: ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE

### PROVIDED AND AVAILABLE UPON REQUEST.


## **IRS E-file Signature Authorization** for a Tax Exempt Entity

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 2023, and ending

EIN or SSN 81-2054803

Department of the Treasury Internal Revenue Service

Name of filer

HOWARD ECOWORKS INC

Name and title of officer or person subject to tax

LORI LILLY, FOUNDER & EXECUTIVE DIRECTOR

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here 🗵	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,235,240.
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5) .	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)         .          .	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of periury. I declare that 🛛 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one bo	ox only	to enter my PIN	as my signature		
	ERO firm name		Enter five numbers, but do not enter all zeros		

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	Date 08/14/2024					
Part III Certification and Authentication						
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	5 2 1 9 2 6 5 5 5 5 Do not enter all zeros					
, , , , , , , , , , , , , , , , , , , ,	ure on the 2023 electronically filed return indicated above. I confirm that I <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file					
ERO's signature	Date					
ERO Must Retain This	ERO Must Retain This Form — See Instructions					

# Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

REV 05/09/24 PRO