Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A | For t | he 2022 calen | dar year, or tax year beginning $10/01$, 2022, and ending | 9/3 | 30 | , 20 2023 | |
|-------------------------------|----------|------------------------|--|---------------------------------------|--|---------------------------|-----------|
| | | if applicable: | C | <u> </u> | D Employer iden | | |
| | | ddress change | CLIMB Fund | | 57-0707 | 663 | |
| | _ | ame change | 2 Race Street | ŀ | E Telephone num | | |
| | _ | - | Charleston, SC 29403 | | · | | |
| | _ | itial return | , | - | 843-973 | 1298 | |
| | _ | nal return/terminated | | | | Å - 10- | |
| | Aı | mended return | <u></u> | | G Gross receipts | | |
| | A | pplication pending | CAUCHI ROULK | ` ' | a group return for su | | X No |
| | | | Same As C Above | Are all s "No," | subordinates include attach a list. See in | ed? Yes Structions. | No |
| <u> </u> | Tax- | exempt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | | | |
| J | We | bsite: in | fo@climbfund.org | l(c) Group e | exemption number | | |
| K | Forn | n of organization: | X Corporation Trust Association Other L Year of formation | n: 1979 | M State of | legal domicile: SC | |
| Pa | rt I | Summar | у | | | | |
| | 1 | Briefly descri | be the organization's mission or most significant activities: The purpos | e of t | the corpor | ation is | to |
| a | | | economic development to promote and assist in t | | | | |
| n S | | of busin | ess concerns and to engage in those activities | which | are in f | urtherance | of |
| Governance | | <u>or relat</u> | ed to those purposes | | | | |
| ŏ. | 2 | Check this bo | | | | ssets. | |
| ر د | | | oting members of the governing body (Part VI, line 1a) | | | | 13 |
| S | 4 | | dependent voting members of the governing body (Part VI, line 1b) | | | | 13 |
| Activities & | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | | | 30 |
| 듕 | 6 | | of volunteers (estimate if necessary) | | | | 20 |
| ¥ | | | ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, Part I, line 11 | | | | 0. |
| | D | ivet uniterated | i business taxable income nomi offin 990-1, Fart I, line 11 | | rior Year | Current Yo | 0. |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | | | |
| ne | 9 | | rice revenue (Part VIII, line 2g) | | ,497,425. ,080,729. | 3,407 1,316 | |
| Revenue | 10 | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | -495,894. | | ,330. |
| Re | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 493,094. | 413 | , 330. |
| | 12 | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3 | ,082,260. | 5,137 | 686 |
| | 13 | | imilar amounts paid (Part IX, column (A), lines 1-3) | | , , | 37231 | , , , , , |
| | 14 | | to or for members (Part IX, column (A), line 4) | | | | |
| | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 972,785. | 1,370 | 115 |
| es | 162 | | fundraising fees (Part IX, column (A), line 11e) | | 312,103. | 1,370 | , 115. |
| Expenses | 104 | | | | | | |
| 꼾 | b | | sing expenses (Part IX, column (D), line 25) | | | | |
| | 17 | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 795,154. | | ,426. |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1 | ,767,939. | 2,062 | ,871. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 1 | ,314,321. | 3,074 | ,815. |
| 98 | | | | | g of Current Year | End of Ye | |
| sets | 20 | | (Part X, line 16) | | ,703,235. | 35,516 | |
| Net Assets or Fund Balance | 21 | Total liabilitie | s (Part X, line 26) | 7 | ,705,651. | 10,957 | ,699. |
| | | Net assets or | fund balances. Subtract line 21 from line 20 | 21 | ,997,584. | 24,558 | ,379. |
| Pa | rt II | Signatur | e Block | | | | |
| Unde | er penal | Ities of perjury, I de | eclare that I have examined this return, including accompanying schedules and statements, and to the | e best of my | y knowledge and be | lief, it is true, correct | , and |
| COM | Jiete. D | eciaration of prepa | rer (other than officer) is based on all information of which preparer has any knowledge. | - | | | |
| | | 0: | -W | Data | | | |
| Siç He | jn 💮 | Signature of | | Date | | | |
| Не | re | | La Rourk CE | EO | | | |
| | | • • • | name and title | · · · · · · · · · · · · · · · · · · · | T T | | |
| | | | preparer's name Preparer's signature Date | | Check if | PTIN | |
| Pa | id | Allyso | on T. DeHart, CPA Allyson T. DeHart, CPA 2/14/2 | 24 | self-employed | P01232894 | |
| Pre | epar | er Firm's name | The Hobbs Group, PA | | | | |
| Us | e Or | ily Firm's addre | 1704 Laurel Street | | Firm's EIN 57 | -0957419 | |
| | | | Columbia, SC 29201 | | Phone no. (80 | 3) 799-0555 | <u> </u> |
| May | / the | IRS discuss th | is return with the preparer shown above? See instructions | | | . X Yes | No |

| Par | (III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | X |
|-----|--------------|--|----------------|
| 1 | Briefly | y describe the organization's mission: | <u>^</u> |
| • | | purpose of the corporation is to further economic development to promote | and |
| | | ist in the growth and development of business concerns and to engage in t | |
| | | ivities which are in furtherance of or related to those purposes | <u> </u> |
| | | | |
| 2 | Did th | ne organization undertake any significant program services during the year which were not listed on the prior | |
| | | | Yes X No |
| | | s," describe these new services on Schedule O. | |
| 3 | | | Yes X No |
| 4 | | s," describe these changes on Schedule O. ribe the organization's program service accomplishments for each of its three largest program services, as measured | d by avnances |
| - | Section | on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to | otal expenses, |
| | and re | evenue, if any, for each program service reported. | |
| | | | |
| | (Code | | |
| | <u>See</u> | Schedule O | |
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| | ' O 1 |) (5 | |
| | (Code | |) |
| | <u>See</u> | <u>Schedule 0</u> | |
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| 4C | (Code | e:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| Δd | Other | r program services (Describe on Schedule O.) | |
| ⊸u | (Expe | |) |
| 4e | | program service expenses 1.705.067 | |

Form 990 (2022) CLIMB Fund 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 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | 7 | | Х |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Х | |
| 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 | Х | |
| С | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Χ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | Х |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions. | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | 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 (2022) CLIMB Fund Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------|---|-----|---------|-------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. | 25a | | X |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | 37 | | Х |
| | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Vaa | . No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | NO |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 7, | |
| D A A | (gambling) winnings to prize winners? | 1c | X 000 (| (0000 |

Form 990 (2022) CLIMB Fund

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

| | | | res | NO |
|----|--|------------|-----|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Χ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| | 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). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | • |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| • | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| Ü | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 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. 11a | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| L | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in | | | |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | X |
| | | 14a 14b | | Λ |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> | 140 | | |
| 13 | 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 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would | | | |
| | result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | 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. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 Did the organization have members or stockholders?....See.Schedule.0..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?. 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 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 interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Bryan Mcneal Jr 2 Race Street Charleston SC 29403 (843)

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

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

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

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

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

| Check this box if neither the organization nor any re | elated organiz | ation | com | npen | nsate | ed any | y cu | rrent officer, direct | or, or trustee. | |
|---|---|-----------------------------------|--|---------|--|---------------------------------|--|--------------------------------------|------------------------------|---|
| | | | | (C) |) | | | | | _ |
| (A) Name and title | (B) Average hours per | thar | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | person nd a Reportable compensation from | | Reportable compensation from related organizations | (F) Estimated amount of other | | |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-Ź/1099- MISC/1099-NEC) | (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) Cynthia Rourk | 40 | | | | | | | _1 | | |
| CEO | 0 | | | Χ | | | | 163,253. | 0. | 25,147. |
| (2) Richad Yonce | 5 | | | | | | | JY | | |
| Past President | 0 | Χ | | | | | | 0. | 0. | 0. |
| (3) David Harper | 5 | | | 7 | | | | | | |
| Director | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (4) Jamilla Harper | 5 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (5) Yvonne D Evans | 55 | | | | | | | | | |
| Past Secretary | 0 | Х | | | | | | 0. | 0. | 0. |
| _(6) Carol Jackson | 5 | | | | | | | _ | | _ |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| _(7)_Stephanie Pritchett | 5 | ļ | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| _(8)_Clay_Middleton | 5 | | | | | | | _ | | |
| Director | 0 | | | X | | | | 0. | 0. | 0. |
| (9) Kerri Chisholm | 5 | | | | | | | | | |
| Vice President | 0 | | | Χ | | | | 0. | 0. | 0. |
| (10) Casdell E Singleton | 5 | | | | | | | | | |
| Vice President | 0 | | | X | | | | 0. | 0. | 0. |
| (11) Grant A McAnulty | 5 | | | | | | | | | _ |
| President | 0 | | | Χ | | | | 0. | 0. | 0. |
| (12) Bryan Mcneal Jr. | 5 | | | | | | | | | _ |
| Asst Secretary | 0 | ļ | | Χ | | | | 0. | 0. | 0. |
| (13) William Thompson, Jr. | 5 | | | •- | | | | _ | _ | _ |
| Secretary | 0 | <u> </u> | \vdash | Χ | | | | 0. | 0. | 0. |
| (14) | | | | | | | | | | |
| | ı | 1 | 1 | | 1 | 1 | i I | | | |

| Part VII Section A. Officers, Directors, | (B) | ney | | ipic | | es, a | anc | i nignest con | ipensaleu Emp | loyees | (conti | inuea) |
|--|-------------------------------|-----------------------------------|-----------------------|--------------|----------------------|--|-------------|---|---|--------|-----------------------------------|-------------------|
| (A) | `` | Position | | (D) (E) | | | (F) | | | | | |
| (A) Name and title | Average hours per | box | , unle | ss pe | erson | than of the structure o | n an | Reportable compensation from | Reportable compensation from | Estima | ated am | nount |
| | week (list any | | | | | | | the organization (W-2/1099- | related organizations (W-2/1099- | compe | of other nsation | from |
| | hours for related | Individual trustee or director | titutic | Officer | Key employee | Highest co employee | Former | MISC/1099-NEC) | MISC/1099-NEC) | an | rganizat d relate anization | ed |
| | organiza - tions | tor th | malt | | ploye | comp | - | | | 3 | | |
| | below dotted line) | istee | Institutional trustee | | ð | Highest compensated employee | | | | | | |
| | | | ₹D- | | | fed | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| <u></u> | | | | | | | | | | | | |
| (22) | | | | | | | | 1 | | | | |
| (23) | | | | | | | | | | | | |
| | | | | | | | | 771 | | | | |
| (24) | | | _1 | | l. | | |) , | | | | |
| (25) | | 1 | | 1 | | | | | | | | |
| | .01 | N | | | | | | | | | | |
| 1b Subtotal | ation A | | | | | | ٠. | 163,253. | 0. | | 25, | 147. |
| d Total (add lines 1b and 1c) | | | | | | | · · . | 0. 163,253. | 0. | | 25. | <u>0.</u> 147. |
| 2 Total number of individuals (including but not lim | | | | | | | | | | | | |
| from the organization 1 | | | | | | | | | | | V | T N1 - |
| 3 Did the organization list any former officer. d | iraatar truata | م اده | | mnla | 0.400 | | hiak | act componented | amplayaa | | Yes | No |
| 3 Did the organization list any former officer, d on line 1a? If "Yes,"complete Schedule J for | such individu | e, ке ial | | | | | iligi | | ···· | . 3 | | Х |
| 4 For any individual listed on line 1a, is the sur | n of reportab | le co | mpe | nsa | tion | and | otḥ | er compensation | from | | | |
| the organization and related organizations gresuch individual | | | | | | | | | | . 4 | Χ | |
| 5 Did any person listed on line 1a receive or ac for services rendered to the organization? If | crue comper | nsatio ete S | n fro | om : dule | any • <i>J fa</i> | unre or suc | late | d organization or | individual | . 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | l | |
| Complete this table for your five highest components to mean the organization. Report components to the components of the components | pensated ind pensation for | epend the ca | dent alend | cor dar | ntrad year | ctors endir | tha ng w | t received more th vith or within the or | nan \$100,000 of ganization's tax year | | | |
| (A) Name and business a | | | | | | | | (B) | | | C) | |
| Name and business a | auuress | | | | | | | Description of | or services | Соттре | IISaliC | 111 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (includi | na hut not lim | ited to | n tho | ا می | ister | laho | /e) v | who received more | than | | | |
| \$100,000 of compensation from the organizat | - | | | _ | | | _ | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, d Related organizations 1d e Government grants (contributions) 3,407,752 Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f Noncash contributions included in 1g h Total. Add lines 1a-1f 3,407,752 **Business Code** Program Service Revenue 2a <u>Interest Income-Loan</u> 525990 872,326 872,326 b Loan Applications & SE 525990 367,478 367,478 c Other Income 525990 51,600 51,600 5313<u>90</u> d Rental Income 25,200 25,200 e <u>SBA & USDA Income</u> 525990 f All other program service revenue. . . g Total. Add lines 2a-2f 1,316,604 Investment income (including dividends, interest, and other similar amounts) 398,191 398,191 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities **7a** Gross amount from sales of assets other than inventory Less: cost or other basis 7a 15,139 7b and sales expenses c Gain or (loss). 7c 15,139 d Net gain or (loss)..... 15,139 15,139 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). 8a Other **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue... Total. Add lines 11a-11d.

5,137,686

729.

934

0

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 0. 166,346. 141,394 24,952 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 987,544 839,413 148,131 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 216,555 194,899 21,656 Fees for services (nonemployees): c Accounting..... **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0 $\$ Ch . 91,694. 12 Advertising and promotion..... 13 14 Information technology..... 15 Royalties 17 35,340 35,340 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 110,877. 110,877 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 34,013. 34,013. 23 61,451 61,451 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 198,775 188,855 9,920 Other Expense ___ b Property Expense 30,094 30,094 С d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 2,062,871 1,705,067 357,804 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

Form 990 (2022) CLIMB Fund Part X Balance Sheet

| | | Check if Schedule O contains a response or note to | any line | e in this Part X | | | |
|-----------------------------|-----|---|-----------------------------|------------------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing. | | | 14,218,094. | 1 | 16,176,044. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 254,731. | 3 | 498,799. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer contribursons | r, director, itor, or 35% | | 5 | |
| | 6 | Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section | as defined under | | 6 | | |
| | 7 | Notes and loans receivable, net | | · · · · · | 10,056,859. | 7 | 13,530,391. |
| Ø | 8 | Inventories for sale or use | | | 10,030,033. | 8 | 13,330,331. |
| Assets | 9 | Prepaid expenses and deferred charges | | - | 23,063. | 9 | |
| As | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1 | 1,173,519. | 20,000. | | |
| | | Less: accumulated depreciation. | | 448,047. | 759,485. | 10c | 725,472. |
| | 11 | Investments – publicly traded securities | , | 755,405. | 11 | 125,412. | |
| | 12 | Investments – other securities. See Part IV, line 11 | 4,391,003. | 12 | 4,585,372. | | |
| | 13 | Investments – program-related. See Part IV, line 11. | 1,001,000. | 13 | 1,000,072. | | |
| | 14 | Intangible assets. | | - | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | | - | 29,703,235. | 16 | 35,516,078. |
| | 17 | Accounts payable and accrued expenses | | | 98,078. | 17 | 158,699. |
| | 18 | Grants payable | N | 18 | | | |
| | 19 | Deferred revenue | | 19 | 240,576. | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| es | 21 | Escrow or custodial account liability. Complete Part I | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per | icer, dire itor, or 3 | ector, trustee, 5% | | 22 | |
| ⊐ | 23 | Secured mortgages and notes payable to unrelated the | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | | 5,698,101. | 24 | 8,606,182. |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | • | | 1,909,472. | 25 | 1,952,242. |
| | 26 | Total liabilities. Add lines 17 through 25 | | L. | 7,705,651. | 26 | 10,957,699. |
| seou | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | X | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | | | 12,649,158. | 27 | 13,575,450. |
| Ba | 28 | Net assets with donor restrictions | | | 9,348,426. | 28 | 10,982,929. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | ck here | | | | |
| ក | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ध | 30 | Paid-in or capital surplus, or land, building, or equipm | | | 30 | | |
| SS | 31 | Retained earnings, endowment, accumulated income, | | - | | 31 | |
| t A | 32 | Total net assets or fund balances | | | 21,997,584. | 32 | 24,558,379. |
| 울 | 33 | Total liabilities and net assets/fund balances | | | 29,703,235. | 33 | 35,516,078. |
| ВΛ | ^ | | | 09/01/22 | ==,:00,=00. | | Earm 990 (2022) |

| Par | rt XI Reconciliation of Net Assets | | | | |
|----------|---|---------|----------------|--------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | Х |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,1 | 37,6 | 686. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,0 | 62,8 | 871. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,0 | 74,8 | 815. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 21,9 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 1 | 43,3 | 334. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | _ | 22, | 960. |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -6 | 34,3 | 394. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | 04.5 | - 0 ' | 0.7.0 |
| D | column (B)) | 10 | 24,5 | 58, | <u>379.</u> |
| Par | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Χ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis | ed on a | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: | ate | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | , | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. See Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F? | Uniforn | າ 3a | Х | |
| b | olf "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |
| BAA | TEEA0112L 09/01/22 | | Form | 990 | (2022) |

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

Open to Public Inspection

Name of the organization Employer identification number CLIMB Fund 57-0707663 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 2 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). 4 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: 5 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). 7 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.) 8 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 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 10 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 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 519(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. 12 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 **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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 | tion A. Public Support | inder the tests his | sted below, please | e complete Part II | 1.) | | |
|------|---|---------------------|--------------------|--------------------|---------------------|---------------------------|----------------|
| | ndar year (or fiscal year | | | 1 | | | |
| begi | nning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | - C(| PY | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | 2AF | 1 | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | V | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activ | , | , | | | <u> </u> | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | | | | |
| | tion C. Computation of Pul | | | . 11 0 | | | |
| | Public support percentage for 20 Public support percentage from 2 | • | .,, | | • | | % |
| | 33-1/3% support test—2022. If the and stop here. The organization | ne organization d | id not check the b | oox on line 13, an | d line 14 is 33-1/3 | 3% or more, ched | ck this box |
| b | 33-1/3% support test—2021. If th and stop here. The organization | e organization di | d not check a box | on line 13 or 16a | a, and line 15 is 3 | 3-1/3% or more, | check this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | and-circumstances | s test, check this | box and stop here | e. Éxplain in Part | VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a | and-circumstances | s test, check this | box and stop here | e. Explain in Part | VI how the |
| 18 | Private foundation. If the organiz | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ir | nstructions |

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

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

| Sec | tion A. Public Support | | | | | | |
|--|--|--|---|------------------------------|---|---|--|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions. | , , | , , | | , , | , , | |
| | and membership fees received. (Do not include | | | | | | |
| 2 | any "unusùal grants.") | | | | 2,497,425. | 3,407,752. | 5,905,177. |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in any activity that is | | | | | | |
| | related to the organization's | | | | | | |
| _ | tax-exempt purpose | | | | 1,080,729. | 1,316,604. | 2,397,333. |
| 3 | Gross receipts from activities that are not an unrelated trade | | | | | | |
| | or business under section 513. | | | | | | 0. |
| 4 | Tax revenues levied for the organization's benefit and | | | | | | |
| | either paid to or expended on | | | | | | _ |
| 5 | its behalf | | | | | | 0. |
| · | facilities furnished by a | | | | | | |
| | governmental unit to the organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 0. | 0. | 0. | 3,578,154. | 4,724,356. | 8,302,510. |
| | Amounts included on lines 1, | · · | · · | <u> </u> | 0,0,0,10,1011 | 17 /2 17 00 0 1 | 0,002,010. |
| | 2, and 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b | Amounts included on lines 2 | · · | · · | <u> </u> | <u> </u> | Ŭ. | <u> </u> |
| | 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. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| | Public support. (Subtract line | 0. | 0. | 0. | D Y. | 0. | <u> </u> |
| | 7c from line 6.) | | | | | | 8,302,510. |
| | tion B. Total Support | | | | | T | |
| O - I | dar year (or fiscal year beginning in) | (a) 2018 | (h) 2010 - | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | | | (b) 2019 | | | | |
| 9 | Amounts from line 6 | (a) 2018 | 0. | 0. | 3,578,154. | 4,724,356. | 8,302,510. |
| 9 | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| 9 | Amounts from line 6 | | | | | | 8,302,510. |
| 9 1 0 a | Amounts from line 6 | | | | | | |
| 9 1 0 a | Amounts from line 6 | | | | | | 8,302,510. |
| 9 1 0 a | Amounts from line 6 | | | | | | 8,302,510. |
| 9 10a b | Amounts from line 6 | | | | | | 8,302,510. |
| 9 10a b | Amounts from line 6 | 0, | 2 1 0 . | 0. | 3,578,154. | 4,724,356. | 8,302,510. 0. |
| 9 10a b | Amounts from line 6 | 0, | 2 1 0 . | 0. | 3,578,154. | 4,724,356. | 8,302,510. 0. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0, | 2 1 0 . | 0. | 3,578,154. | 4,724,356. | 8,302,510. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0, | 2 1 0 . | 0. | 3,578,154. | 4,724,356. | 8,302,510. 0. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0, | 2 1 0 . | 0. | 3,578,154. | 4,724,356. | 0. 0. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0. | 0. | 0. | 0. | 0. | 8,302,510. 0. 0. 0. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0. | 0. | 0. | 3,578,154. 0. | 4,724,356. 0. | 0. 0. 0. |
| 9 10a b c 11 | Amounts from line 6 | 0. 0. for the organization | 0. 0. on's first, second. | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. 8,302,510. |
| 9 10a b c 11 12 13 | Amounts from line 6 | 0. O. for the organization stop here | 0. O. on's first, second, | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. 8,302,510. |
| 9 10a b c 11 12 13 14 Sec | Amounts from line 6 | 0. 0. for the organization stop here | 0. 0. on's first, second, concercentage | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. 8,302,510. |
| 9 10a b c 11 12 13 14 Sec 15 | Amounts from line 6 | 0. 0. for the organization stop here | 0. O. on's first, second, ercentage n (f), divided by line | 0. 0. third, fourth, or f. | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. 8,302,510. X |
| 9 10a b c 11 12 13 14 Sec 15 16 | Amounts from line 6 | 0. for the organization stop here | 0. On's first, second, ercentage (f), divided by line Part III, line 15. | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. X |
| 9 10a b c 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 | 0. 0. for the organizations top here | 0. 0. on's first, second, cercentage n (f), divided by lin Part III, line 15. ne Percentage | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 0. 8,302,510. X |
| 9 10a b c 11 12 13 14 Sec 17 18 | Amounts from line 6 | 0. for the organization stop here | 0. On's first, second, ercentage of, divided by line Part III, line 15. ne Percentage column (f), divided le A, Part III, line | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a | 4,724,356. 0. 4,724,356. section 501(c)(3) 15 16 17 18 | 8,302,510. 0. 0. 0. 8,302,510. X |
| 9 10a b c 11 12 13 14 Sec 17 18 | Amounts from line 6 | 0. for the organizations top here | 0. 0. on's first, second, ercentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divided le A, Part III, line id not check the b | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a umn (f)) d line 15 is more | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 8,302,510. X |
| 9 10a b c 11 12 13 14 Sec 17 18 19a | Amounts from line 6 | 0. for the organization stop here | 0. 0. on's first, second, ercentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divided le A, Part III, line id not check the behere. The organ | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a umn (f) d line 15 is more as a publicly supp | 4,724,356. 0. 4,724,356. section 501(c)(3) 15 16 17 18 than 33-1/3%, an orted organization | 8,302,510. 0. 0. 0. 8,302,510. X 8,302,510. X 8 8 8 8 8 d line 17 |
| 9 10a b c 11 12 13 14 Sec 17 18 19a | Amounts from line 6 | o. for the organizatio stop here olic Support P 22 (line 8, column 2021 Schedule A, estment Incomor 2022 (line 10c, rom 2021 Schedule the organization dentities box and stop he organization dentities | 0. 0. on's first, second, ercentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divided le A, Part III, line id not check the behere. The organ id not check a boo | 0. 0. third, fourth, or f | 3,578,154. 0. 3,578,154. ifth tax year as a a umn (f) d line 15 is more as a publicly suppose a publicly suppose 19a, and line 1 | 4,724,356. 0. 4,724,356. section 501(c)(3) | 8,302,510. 0. 0. 0. 8,302,510. X 8,302,510. X 8 8 8 8 8 1d line 17 1 |

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.)

Page 4

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|--|--------------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| 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. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was | | | |
| | accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? | 00 | | |
| b | If "Yes," provide detail in Part VI. 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. | 9a 9b | | |
| 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 . | 9c | | |
| 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)? If "Yes," answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 1 0 b | | |

| Page | ı |
|------|---|
| гаис | • |

| Pa | rt IV Supporting Organizations (continued) | 1 | |
|-----|--|----------|----------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | Yes | No |
| | 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? | а | |
| ŀ | A family member of a person described on line 11a above? | b | |
| | 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. | С | |
| Sec | tion B. Type I Supporting Organizations | 1 | |
| 1 | Did the governing hady members of the governing hady officers acting in their official capacity or membership of one | Yes | No |
| ' | 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. | | |
| 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). | | |
| Sec | tion D. All Type III Supporting Organizations | | |
| 1 | Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the | Yes | No |
| ' | 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? | | |
| | | | |
| 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). | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 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. | | |
| 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). | | |
| ; | 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. | | |
| , | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | ıs). |
| 2 | Askiriking Took Anguray Knop 25 and 26 holes. | | T |
| | Activities Test. Answer lines 2a and 2b below. | Yes | No |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported | | |
| | organizations and explain how these activities directly furthered their exempt purposes, how the organization was | | |
| | responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | а | |
| 1 | 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 | | |
| | | b | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | |
| | 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. | а | |
| 1 | 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. | b | <u> </u> |

| Pa | r t $V = \Gamma$ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | ınıza | tions | |
|-----|--|-----------------|---|------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | t on N ns mu | lov. 20, 1970 (explain ir st complete Sections A | Part VI). See through E. |
| Sec | tion 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 | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| I | Average monthly cash balances | 1b | | |
| (| Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | Y | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| _ 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grated | d Type III supporting or | ganization |

BAA Schedule A (Form 990) 2022

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|-----|--|----|--------------|--|--|--|
| Sec | tion D - Distributions | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) | 5 | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | 10 | | | | |

| | 10 | |
|--------------------------------|--|---|
| (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
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| | Excess | (i) (ii) Excess Underdistributions |

BAA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CLIMB Fund 57-0707663 Page **8**

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.)



SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

| CLI | MB Fund | | | 57-0707 | 1663 |
|-----|--|--|-------------------------------|---|---|
| Pai | | | r Similar F | unds or Accounts. | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | | | |
| | | (a) Donor advised fund | ls | (b) Funds and of | ther accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and dorare the organization's property, subject to the | | | | Yes No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing to t of the donor or donor advisor, or | hat grant fun for any othe | ds can be used only r purpose conferring | Yes No |
| Pai | t II Conservation Easements. | | | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by | y the organization (check all that a | ipply). | | |
| | Preservation of land for public use (for example) | ple, recreation or education) | Preservat | ion of a historically impo | rtant land area |
| | Protection of natural habitat | | Preservat | ion of a certified historic | structure |
| | Preservation of open space | | _ | | |
| 2 | Complete lines 2a through 2d if the organization I | neld a qualified conservation contribu | tion in the for | m of a conservation easem | nent on the |
| | last day of the tax year. | | | I lald at the F | and of the Tou Veer |
| | Total number of conservation easements | | | Held at the E | End of the Tax Year |
| | Total number of conservation easements | | AV | 2b | |
| | : Number of conservation easements on a certi | | 3 | 2c | |
| | | | | | |
| • | Number of conservation easements included in historic structure listed in the National Register | r (c) acquired after July 25, 2006 | and not on a | 2 d | |
| 3 | Number of conservation easements modified, trans | nsferred, released, extinguished, or to | erminated by t | the organization during the | |
| | tax year | | | | |
| 4 | Number of states where property subject to | onservation easement is located | | <u>_</u> | |
| 5 | Does the organization have a written policy re | | | | |
| | and enforcement of the conservation easemen | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, and | d enforcing co | onservation easements duri | ng the year |
| 7 | Amount of expenses incurred in monitoring, inspe | ecting, handling of violations, and ent | forcing conser | vation easements during the | ne year |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requir | ements of se | ection 170(h)(4)(B)(i) | Yes No |
| 9 | In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements. | oorts conservation easements in its to the organization's financial state | s revenue an ements that o | d expense statement and describes the organization | balance sheet, and n's accounting for |
| Pai | | llections of Art, Historical T "Yes" on Form 990, Part IV, line 8. | reasures, | or Other Similar As | sets. |
| 1 a | If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia | ld for public exhibition, education, | or research | tatement and balance sh in furtherance of public s | eet works of art, ervice, provide in |
| ŀ | If the organization elected, as permitted unde historical treasures, or other similar assets held fo following amounts relating to these items: | or public exhibition, education, or res | earch in furth | erance of public service, pr | works of art, rovide the |
| | (i) Revenue included on Form 990, Part VIII, | line 1 | | \$_ | |
| | (ii) Assets included in Form 990, Part X | | | \$_ | |
| 2 | If the organization received or held works of art, hamounts required to be reported under FASB | ASC 958 relating to these items: | | | wing |
| | Revenue included on Form 990, Part VIII, line | 1 | | \$ | |
| L | Accete included in Form 990 Part Y | | | Q | |

| Part III | Organizations Main | taining Collectio | ns of Art, His | torical Treasures, | or Other Similar A | ssets (c | :ontın | iued) |
|---------------------|---|--|---------------------------------|----------------------------|-----------------------------|----------------|----------|-------|
| 3 Using t | he organization's acquisition (check all that apply): | n, accession, and other | records, check a | ny of the following that r | nake significant use of its | collection | | |
| a Pu | blic exhibition | | d Loan | or exchange program | | | | |
| b Sc | holarly research | | e Other | | | | | |
| c Pre | c Preservation for future generations | | | | | | | |
| 4 Provide Part X | a description of the organiz | zation's collections and | explain how they | further the organization | 's exempt purpose in | | | |
| 5 During to be s | the year, did the organiza old to raise funds rather t | han to be maintained | as part of the o | rganization's collectior | 1? | Yes | | No |
| Part IV | Escrow and Custod reported an amount on Fo | lial Arrangement orm 990, Part X, line 2 | s. Complete if th 21. | e organization answere | d "Yes" on Form 990, Pa | t IV, line | 9, or | |
| 1 a Is the o | organization an agent, trus m 990, Part X? | stee, custodian or oth | ner intermediary | for contributions or oth | ner assets not included | Yes | | No |
| | " explain the arrangement in | | | | | | | |
| | | | | | | Amount | | |
| J | ing balance | | | | | | | |
| | ns during the year | | | | | | | |
| | utions during the year | | | | | | | |
| - | balance | | | | | | | |
| 2 a Did the | e organization include an a | amount on Form 990, | Part X, line 21, | for escrow or custodia | I account liability? | Yes | | No |
| b If "Yes | ," explain the arrangemen | t in Part XIII. Check | here if the expla | nation has been provid | led on Part XIII | | | |
| | | | | | | | | |
| Part V | Endowment Funds. | · · · · · · · · · · · · · · · · · · · | 1 | | | | | |
| | | (a) Current year | (b) Prior year | r (c) Two years bac | k (d) Three years back | (e) For | ur years | back |
| | ing of year balance | | | | | | | |
| b Contrib | outions | | | | | | | |
| | restment earnings, gains, sses | | | | | | | |
| d Grants | or scholarships | | | 7() | | | | |
| | expenditures for facilities ograms | | | 6 | | | | |
| f Admin | strative expenses | | NY | | | | | |
| g End of | year balance | 08 | 1 | | | | | |
| 2 Provide | e the estimated percentag | e of the current year | end balance (lin | e 1g, column (a)) held | as: | | | |
| a Board | designated or quasi-endov | wment | % | | | | | |
| b Perma | nent endowment | % | | | | | | |
| c Term e | endowment | % | | | | | | |
| The pe | rcentages on lines 2a, 2b, a | nd 2c should equal 100 | 0%. | | | | | |
| | | | | | 1.6 | | | |
| | re endowment funds not in t zation by: | the possession of the c | organization that a | are neid and administere | a for the | [| Yes | No |
| • | related organizations | | | | | 3a(i) | | |
| • • • | lated organizations | | | | | 3a(ii) | | |
| ` ' | " on line 3a(ii), are the rel | | | | | . 3b | | |
| | be in Part XIII the intended | • | • | | | | | |
| Part VI | Land, Buildings, an | | | | | | | |
| I wit II | Complete if the organizati | • • | Form 990, Part | IV, line 11a. See Form | 990, Part X, line 10. | | | |
| | Description of property | ı | t or other basis | (b) Cost or other | (c) Accumulated | (d) Bo | ook val | lue |
| | | (in | vestment) | basis (other) | depreciation | (4) 30 | | |
| 1 a Land | | | | 80,000. | | | 80, | 000. |
| b Buildin | gs | | | 738,612. | 311,026. | | 427, | 586. |
| c Leasel | old improvements | | | 226,058. | 53,573. | | | 485. |
| d Equipn | nent | | | 28,085. | 22,811. | | | 274. |
| e Other. | | | | 100,764. | 60,637. | | | 127. |
| Total. Add li | nes 1a through 1e. (Colum | nn (d) must equal For | rm 990, Part X, o | | | | | 472. |
| | | | | | | | | |

BAA Schedule D (Form 990) 2022

| Part VII | Investments — Other Secu | | | | | |
|--|---|--------------------------|---|----------------|-------------------------|---|
| | Complete if the organization answ | | | | | |
| (a) Descri | ption of security or category (including name | of security) | (b) Book value | (c) Me | ethod of valuation: Cos | st or end-of-year market value |
| ` ' | al derivatives | L | | | | |
| • • | held equity interests | | | | | |
| | <u>Mutual Funds</u> | | | | ear Market | |
| | orate_Bonds | | | | ear Market | |
| | s & Equities | | 1,479,583. | End of Y | ear Market | Value |
| (C) | . – – – – – – – – – – – – | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) (H) | | | | | | |
| (l) | | | | | | |
| | | | 4,585,372. | | | |
| Part VIII | Investments — Program R | | 4,303,372. | N | /A | |
| I alt VIII | Complete if the organization answ | ered "Yes" on | Form 990, Part IV, line | 11c. See Form | n 990, Part X, line | : 13. |
| | (a) Description of investment | | (b) Book value | | | t or end-of-year market value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | V | |
| (10) | | | | -01 | | |
| | n (b) must equal Form 990, Part X, column (E | 3) line 13.) | | ~ ()) | | |
| | Othor Accets | | NT / T | _ | | |
| Part IX | Other Assets. Complete if the organization answer | ered "Yes" on | N/A Form 990 Part IV line | 11d See Form | n 990 Part X line | · 15 |
| Part IX | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | N/A Form 990, Part IV, line scription | 11d. See Form | 1 990, Part X, line | e 15. (b) Book value |
| (1) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | n 990, Part X, line | (b) Book value |
| (1) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | 1 990, Part X, line | (b) Book value |
| (1) (2) (3) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | 1 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | 1 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | n 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | n 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | 1 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | n 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answ | ered "Yes" on (a) Des | Form 990, Part IV, line | 11d. See Form | n 990, Part X, line | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | Other Assets. Complete if the organization answers. Lumn (b) must equal Form 990, Part | (a) Des | Form 990, Part IV, line scription | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | Complete if the organization answers umn (b) must equal Form 990, Part Other Liabilities. | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo | Complete if the organization answers | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of Columnation of C | Complete if the organization answer. Lumn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answer. | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder | Complete if the organization answer. Lumn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answer. | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder (2) City | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold Part X 1. (1) Feder (2) City (3) Cont | Complete if the organization answer. Lumn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answer. | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold Part X 1. (1) Feder (2) City (3) Cont (4) | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold Part X 1. (1) Feder (2) City (3) Cont | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo Part X 1. (1) Feder (2) City (3) Cont (4) (5) (6) (7) | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder (2) City (3) Cont (4) (5) (6) (7) (8) | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder (2) City (3) Cont (4) (5) (6) (7) (8) (9) | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder (2) City (3) Cont (4) (5) (6) (7) (8) (9) (10) | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | | | (b) Book value X, line 25. (b) Book value 1,887,520. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coll Part X 1. (1) Feder (2) City (3) Cont (4) (5) (6) (7) (8) (9) (10) (11) | Complete if the organization answer. Lumn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answer. al income taxes of of Charleston cingent Liability | (a) Des | Form 990, Part IV, line scription B) line 15.) Form 990, Part IV, line ption of liability | 11e or 11f. Se | ee Form 990, Part | (b) Book value X, line 25. (b) Book value 1,887,520. 64,722. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color (2) City (3) Cont (4) (5) (6) (7) (8) (9) (10) (11) Total. (Color (11) Total. (Color | Complete if the organization answ umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization answ al income taxes of Charleston | (a) Des | Form 990, Part IV, line scription B) line 15.) | 11e or 11f. Se | ee Form 990, Part | (b) Book value X, line 25. (b) Book value 1,887,520. 64,722. |

| Part XI Reconciliation of Revenue per Audited Financial Statement | s With Revenue per Re | turn. | |
|--|-----------------------|-------|--|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 5,258,060. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | 2a 143,334. | | |
| b Donated services and use of facilities | 2 b | | |
| | 2 c | | |
| d Other (Describe in Part XIII.) See Part XIII | 2d -22,960. | | |
| e Add lines 2a through 2d | | 2 e | 120,374. |
| 3 Subtract line 2e from line 1 | | 3 | 5,137,686. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4 b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 5,137,686. |
| Part XII Reconciliation of Expenses per Audited Financial Statemen | its With Expenses per | Retur | n. |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 Total expenses and losses per audited financial statements | | 1 | 2,697,265. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | , |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses. | 2 c | | |
| d Other (Describe in Part XIII.) See Part XIII | 2d 634,394. | | |
| e Add lines 2a through 2d. | | 2 e | 634,394. |
| 3 Subtract line 2e from line 1 | | 3 | 2,062,871. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | =, = = = = = = = = = = = = = = = = = = |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | V | 5 | 2,062,871. |
| Part XIII Supplemental Information. | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

The Organization has received a determination letter from the Internal Revenue Service indicating it is a tax exempt Organization under section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes, unless income is generated from unrelated business activities. There is no unrelated business income for the fiscal year ending September 30, 2021. Management is not aware of any transactions which would jeopardize their tax exempt status.

BAA Schedule D (Form 990) 2022

Part XIII **Supplemental Information** (continued)

Part X - FASB ASC 740 Footnote (continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely than not would not be substantiated upon examination by the IRS. Management has analyzed the tax positions taken by the Organization and has concluded that as of September 30th, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods prior to 2016. U.S. state jurisdictions have statutes of limitations that generally range from three to five years. Currently, no audits for any tax periods are in progress.

Other Revenue Included In F/S But Not Included On Form 990

Investment Expenses

Total

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Bad Debt Expense Reported on AFS.....

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

Department of the Treasury Internal Revenue Service

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

| Employer identification number

CLIMB Fund 57-0707663

| Par | t I Questions Regarding Compensation | | | |
|-----|---|----|-----|-----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | 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 | 1b | | |
| | Tellinbursement of provision of all of the expenses described above: If two, complete Fait in to explain | 10 | | |
| 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? | 2 | | |
| 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. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | Х |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| 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 | 7 | | Х |
| 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. | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 CLIMB Fund 57-0707663 Page **2**

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-2 a | nd/or 1099-MISC and/o | r 1099-NEC compensation | | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation |
|--------------------|-------------|------------------------|-------------------------------------|---|---|-------------------------|--------------------------------|---|
| (A) Name and Title | - | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | benefits | columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| Cynthia Rourk | (i) | 161,753. | 1,500. | 0. | 11,812. | 13,335. | 188,400. | 0. |
| 1 CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | 1 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | OY | 1 | | | |
| | (i) | | | <u> </u> | | | | |
| 7 | (ii) | | AFI | | | | | |
| | (i) | | 5 kz; | | | | | |
| | (ii) | -v | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | † | | t | 1 |
| | (i) | | | | | | | |
| | (ii) | | | | <u> </u> | | † | 1 |
| DAA | | | TEE \(\lambda \) 1 0 2 1 0 7 / 2 1 | 122 | 1 | | Calcadada | I (Farm 000) 2022 |

BAA TEEA4102L 07/25/22 Schedule J (Form 990) 2022

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.



BAA Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CLIMB Fund

Employer identification number

57-0707663

Form 990, Part III, Line 4a - Program Service Accomplishments

Lending Programs

The Organization's loan programs - Next Level Lending Loan, Microloan, Small Business Loan, Real Estate Loan, and Line of Credit - can provide funding for most business capital needs to eligible businesses within the Organization's service area. Although the Organization provides assistance to thoseunderserved by the traditional financial institutions, it collaborates regularly with local commercial lenders and small business community resources.

For the year ended September 30, 2023, the Organization approved 111 loans totaling \$9,064,635 which resulted in closing 110 loans for a total of \$5,857,995 in funding. These loans, including those refinanced and both new and existing micro and small businesses which provided a positive impact on employment opportunities through the creation and retention of 275 jobs.

Form 990, Part III, Line 4b - Program Service Accomplishments

Technical Assistance Program

Technical Assistance Program

Coupled with its loan products, the organization provides both pre-loan counseling to prospective applicants and intensive post-loan developmental services to its borrowers. Such assistance occurs in various forums: one-on-one counseling, group sessions, workshops, seminars, classes, exhibitions, and site visits. Many of the group sessions are conducted in collaboration with local community resources such as

Page 2

Form 990, Part III, Line 4b - Program Service Accomplishments

provided over 1,700 entrepreneurs some level of technical assistance at more than 130 seminars, workshops, or networking events.

The organization views its one-on-one technical assistance as critical to providing a foundation for success and offers such assistance through several vehicles of delivery to include consultant team, staff, and its community resources. The consultant team allows the Organization to provide specialized training by offering bookkeeping and QuickBooks training and business counseling through its site visit program. During the year, 385 businesses have received almost 6,000 hours of specialized training.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The corporation has general members that elect board members in the organization's annual meeting each April. The nominating committee accepts applications from interested individuals and works to solicit and review the experience of potential candidates and presents a proposed slate to the general membership at the annual meeting. In May 2018, the organization iled 501(c)(3) application with the IRS and the required filings with the State of South Carolina to amend the Articles and Bylaws omitting membership.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Only electing members of the board

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

The corporation has general members that elect board members in the organization's annual meeting each April.

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

Draft of 990 is emailed to the audit committee for their review and then presented and discussed at the board meeting.

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| CLIMB Fund | 57-0707663 |

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization discusses any conflicts of interests in the monthly board meetings.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Comparative analysis is completed utilizing assessment tools through Economic Research Institute.

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

Yes through a freedom of information request

Form 990, Part IX, Line 11g **Other Fees For Services**

| | | (A) | (B) Program | (C) Management | (D) Fund- |
|-------------------|-------|-------------|----------------|-------------------|--------------|
| | - | Total | Services | & General | raising |
| Professional Fees | _ | 221,876. | 130,182. | 91,694. | |
| | Total | \$ 221,876. | \$ 130,182. | \$ 91,694. | \$ 0. |

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

OP' Bad debt expense net of interest income Total

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

The process has not changed from the prior year

Form 990 Part V Line 1c

The organization had no reportable payments to a vendor requiring compliance with backup withholding rules, nor did they provide any reportable gaming, gambling, or winnings to a prize winner during the calendar year.

BAA Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 57-0707663 CLIMB Fund

| Par | t I Identification of Disregarded Entities. Co | omplete | if the organiza | ation ans | wered "Ye | s" on Forr | n 990 | , Part IV, line | : 33. | | | | |
|------------|--|-------------------------------|---------------------------------|-------------------------|---|---------------------------|----------------------------|--|-------------------|---------------------------------------|------------------------|---------|-------|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Total income | | End-c | (e) of-year assets | Direct contr entity | | lling |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (3) | | | | | c(| PY | | | | | | | |
| Par | Identification of Related Tax-Exempt Or had one or more related tax-exempt organized tax-exem | ganizatio anization | ons. Complete s during the t | e if the or ax year. | ganization | answered | d "Yes | s" on Form 99 | 0, Par | t IV, line 34 | , beca | use it | |
| | Name, address, and EIN of related organization | Prim | (b) ary activity | Legal dor or foreig | (c) nicile (state n country) | (d) Exempt (sectio | Code n | (e) Public charity (if section 501 | status (c)(3)) | (f) Direct contro entity | olling | Sec 512 | |
| <u>(1)</u> | | | | | | | | | | | | Yes | No |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Part III | Identification of Related Organizations Taxable as a Partnership. | Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year. |
|-----------|---|---|
| I alt III | 34, because it had one or more related organizations treated as a | partnership during the tax year. |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | i) ral or aging ner? | (k) Percentage ownership |
|--|-------------------------|--|--------------------------------------|--|---------------------------------|--|-----------------------------------|----|---|----------------------|-------------------------------|--------------------------------|
| | | country) | | 512-514) | | | Yes | No | 1065) | Yes | No | |
| <u>(1)</u> | | | | | | | | | | | | |
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| _ | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
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| (3) | <u> </u> | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | Sec 512 controlle | i) (b)(13) d entity? |
|--|--------------------------------|---|---------------------------|---|---------------------------------|--|--------------------------------|----------------------|------------------------------------|
| | | Country) | entity | or trust) | | | | Yes | No |
| (1) City of Charleston | | | | | | | | | |
| 80 Broad St | | | | | | | | | |
| Charleston, SC 29401 | City | | | | | | | | |
| | Government | SC | N/A | | 0. | 0. | | | X |
| (2) | | | | | | | | | |
| | † | | | | | | | | |
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| | 1 | | | | | | | | |
| (3) | | | | | | | | | |
| | 1 | | | | | | | | |
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| | † | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|--|--|--|-------------------------------|---------------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1 a | | X |
| Ł | Gift, grant, or capital contribution to related organization(s) | 1 b | | X |
| | Gift, grant, or capital contribution from related organization(s). | 1 c | | X |
| C | Loans or loan guarantees to or for related organization(s). | 1 d | | X |
| e | Loans or loan guarantees by related organization(s) | 1 e | | Х |
| | | | | |
| | Dividends from related organization(s) | 1 f | | X |
| - | g Sale of assets to related organization(s) | 1 g | | X |
| | n Purchase of assets from related organization(s) | 1 h | | X |
| | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Χ |
| | | | | |
| | CLease of facilities, equipment, or other assets from related organization(s) | 1 k | | X |
| | Performance of services or membership or fundraising solicitations for related organization(s). | 11 | | X |
| r | n Performance of services or membership or fundraising solicitations by related organization(s) | 1 m | | X |
| r | 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| C | Sharing of paid employees with related organization(s) | 10 | | Х |
| | | | | |
| F | Reimbursement paid to related organization(s) for expenses | 1 p | | X |
| C | Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s) for expenses. Other transfer of cash or property to related organization(s). | 1 q | | X |
| | nRA' | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | s Other transfer of cash or property from related organization(s) | 1 s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |
| | (a) Name of related organization (b) Transaction Amount involved Meth type (a-s) | od of one of the contract of t | i) detern involv | nining red |
| | | | | |
| 1) | | | | |
| ·, | | | | |
| 2) | | | | |
| <u>-, </u> | | | | |
| 2/ | | | | |
| 3) | | | | |
| | | | | |
| 4) | | | | |
| | | | | |
| 5) | | | | |
| | | | | |
| 6) | | | | |
| AA | TEEA5003L 07/21/22 Schedule R | (Forn | 1 990) | 2022 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unre- lated, excluded from tax under | Are all sec 501(organiz | partners tion | Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|---|--------------------------------|---|---|--------------------------------|------------------|-----------------------|--|----------------------------------|----|---|---|----|--------------------------------|--|
| | | | from tax under sections 512-514) | Yes | No | | | Yes | No | | Yes | No | • | |
| <u>(1)</u> | | | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | | | |
| | - | | | | | ~V | 1 | | | | | | | |
| <u>(4)</u> | - | | | | 7 | COA | | | | | | | | |
| | <u>.</u> | | DR | 11 | | | | | | | | | | |
| (5) | | | O. | | | | | | | | | | | |
| | <u> </u> - | | | | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <u>(8)</u> | - | | | | | | | | | | | | | |
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TEEA5004L 07/21/22 Schedule **R** (Form 990) 2022