efile Public Visual Render ObjectId: 202332789349301343 - Submission: 2023-10-05 TIN: 84-0782569 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	ent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and th	e latest i	nform	ation.		Inspection	
A Fo	or the 2022 c	alendar year, or tax year beginning 01-01-2022 $$, and ending 12 $$	-31-2022			<u> </u>		
O Add	ck if applicable:	C Name of organization AMERICAN ASSOCIATION OF BLACKS IN ENERGY			D Employ 6		fication number	
	me change ial return	Doing business as						
_	l return/terminated				E Talankan			
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite		E Telephon	e numbei		
O App	olication pending	1625 K STREET NW SUITE 405			(202) 9	13-3788	3	
		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006			G Gross re	ceipts \$ 1	1,897,841	
		F Name and address of principal officer:	H(a)	Is this	a group ret	turn for		
		RALPH CLEVELAND		subor	dinates?		☐Yes ✓No	
			H(b)	Are al includ	l subordinat	es	☐ Yes ☐No	
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527				ist. See	instructions.	
J W	ebsite:▶ WW		H(c)	Group	exemption	number	•	
K Forn	of organization:	Corporation Trust Association Other	L Year	of forma	tion: 1977	M State	of legal domicile: DC	
Pa	rt I Sum	mary						
Activities & Governance	TO PROVI	scribe the organization's mission or most significant activities: DE DIRECT INPUT INTO THE DELIBERATIONS AND DEVELOPMENTS OF E DGIES, AND ENVIRONMENTAL ISSUES.	NERGY PC	LICIES	, REGULATI	ONS, E	MERGING	
Ĕ								
9.6	2 Check thi	is how h						
Ü	_	of voting members of the governing body (Part VI, line 1a)				Ιз	4	
×8	4 Number o	Number of independent voting members of the governing body (Part VI, line 1b)						
E E	5 Total nun	nber of individuals employed in calendar year 2022 (Part V, line 2a)	5	7				
Ř	6 Total nun	nber of volunteers (estimate if necessary)	6					
Ă	7a Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0	
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11				7b		
				Pric	or Year		Current Year	
-	8 Contribut	ions and grants (Part VIII, line 1h)			1,748,2	255	332,359	
Revenue	9 Program	service revenue (Part VIII, line 2g)			843,7	'44	1,503,710	
9.0	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)			·		0	
œ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			260,4	23	61,772	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,852,4		1,897,841	
		nd similar amounts paid (Part IX, column (A), lines 1–3)			107,0	000	88,500	
		paid to or for members (Part IX, column (A), line 4)			·		0	
60		other compensation, employee benefits (Part IX, column (A), lines 5–10))		562,1	.27	623,028	
se	·	anal fundraising fees (Part IX, column (A), line 11e)	´ <u> </u>		,		0	
Expenses		aising expenses (Part IX, column (D), line 25) ▶0						
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			862,9	03	1,539,596	
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,532,0		2,251,124	
		venue less expenses. Subtract line 18 from line 12						
Net Assets or Fund Balances	2		Begi	nning o	of Current Ye		-353,283 End of Year	
sets	20 Total acc	ets (Part X, line 16)	-		1,623,4	50	1,635,270	
AS B		ets (Part X, line 16)	-				864,874	
Net Fun		rs or fund balances. Subtract line 21 from line 20	-		489,7 1.133.6		770.396	

Signature Block

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

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any knowledge

	- Ik				2023-10-04	
Sign	Sig	nature of officer			Date	_
Here		TASHA FREEMAN SVP, OPERATIONS				
	Тур	pe or print name and title				
Paic	<u> </u>	Print/Type preparer's name	Preparer's signature	Date 2023-10-05	Check if self-employed	PTIN P03058062
Prep	parer	Firm's name BRYTEBRIDGE CON	•	Firm's EIN 🕨 84	l-3085028	
Use	Only	Firm's address ► 7021 UNIVERSITY E	BLVD		Phone no. (407)	758-3362
		WINTER PARK, FL	327926719			
May t	he IRS disc	uss this return with the preparer s	hown above? See Instructions.			☐ Yes ☐ No
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2022)
			——————————————————————————————————————			
Form	990 (2022)		rage 2			Page 5
Par	, ,	atement of Program Service	e Accomplishments			Page 2
		eck if Schedule O contains a respo	nse or note to any line in this Par	t III		🗸
1	,	cribe the organization's mission:				
		ECT INPUT INTO THE DELIBERATION INTAL ISSUES.	ONS AND DEVELOPMENTS OF EN	ERGY POLICIES, REG	GULATIONS, EM	ERGING TECHNOLOGIES,
2	Did the org	ganization undertake any significar	nt program services during the ye	ear which were not lis	sted on	
	the prior F	orm 990 or 990-EZ?				🗆 Yes 🗸 No
	If "Yes," de	escribe these new services on Sch	edule O.			
3	Did the org	ganization cease conducting, or ma	ake significant changes in how it	conducts, any progra	m	
	services?					. 🗌 Yes 🛂 No
	•	escribe these changes on Schedule				
4	Section 50	he organization's program service 1(c)(3) and 501(c)(4) organization Le, if any, for each program service.	ns are required to report the amo			
4a	(Code:) (Expenses \$	1,779,360 including grants of	\$) (Revenue \$	1,503,710)
	OF HELPING	ASSOCIATION OF BLACKS IN ENERGY (A GOUR MEMBERSHIP UNDERSTAND THE ENT, AND ECONOMIC DEVELOPMENT. AA	IMPLICATIONS OF PUBLIC POLICY DEV	ELOPMENTS RELATED TO	O ENERGY, THE EN	NVIRONMENT, TECHNOLOGICAL
4b	(Code:) (Expenses \$	88,500 including grants of	\$ 88.500) (Revenue \$)
	EACH YEAR, ELIGIBLE CA EXAMPLE, T RIGOROUS REGIONS. A ACHIEVEME	AABE LOCAL CHAPTERS ADVERTISE THANDIDATES. IN ADDITION TO DEMONST HEY MUST MAINTAIN A "B" AVERAGE (3 REVIEW PROCESS, THE NATIONAL SCHOLD IDDITIONALLY, A PREMIER AWARD OF 5, NT AND PROMISE. AWARDS ARE ANNOL PON PRESENTATION OF PROOF OF ENRO	IE SCHOLARSHIP PROGRAM AND SOLI RATING FINANCIAL NEED, CANDIDATI .0 OR BETTER ON A 4.0 SCALE), BOTH DLARSHIP COMMITTEE AWARDS SCHO .000 IS AWARDED TO THE CANDIDATE JNCED IN THE SPRING DURING AABE	CIT AND CONDUCT THE ES MUST DEMONSTRATE I OVERALL AND IN THEI LARSHIPS TO STUDENT THAT WAS JUDGED TO S NATIONAL CONFERENCE	INITIAL SCREENI ACADEMIC MERI' R MATHEMATICS A REPRESENTING DEMONSTRATE TI	NG OF APPLICATIONS FROM T AND ACHIEVEMENT. FOR ND SCIENCE COURSES. AFTER A THE ASSOCIATION'S SIX HE MOST OUTSTANDING
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
4d	Other prog	gram services (Describe in Schedu \$ inclu	le O.) ding grants of \$) (Revenue :	\$)
4e	Total pro	gram service expenses▶	1,867,860			
						Form 990 (2022

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Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Part IV	Checklist of Required Schedules (continued)	

Pai	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	Yes	
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? If "Yes," complete Schedule J	23	Yes	
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 "Yes," answer lines 24b through 24d and			
	complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	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	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Chack if Schodulo O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? 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).	4a		No
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI-
	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		No
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).			
	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?			
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			

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16	parachute payment(s) during the year?. If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
10	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.									
	If ites, complete rount 6009.	F	orm 99	0 (2022						
	Page 6									
Form	990 (2022)			Page 6						
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		oonse to							
Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 4	_								
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Did the organization have members or stockholders?	6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod	e.)							
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	Yes							
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	Yes							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
	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		No						
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?									

Form 990 (2022)

and Independent Contractors

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<u> 5e</u>	CTION C. DISCIOSURE	
17	List the states with which a copy of this Form 990 is required to be filed DC	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶NATASHA FREEMAN 1625 K STREET NW SUITE 405 WASHINGTON, DC 20006 (202) 913-3788	
		Form 990 (2022)
	Page 7	
	Tage 7	

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.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Name and title Average Position (do not check Reportable Reportable Estimated more than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation organization (Wany hours and a director/trustee) organizations from the for related 2/1099-(W-2/1099organization and organizations Individual trustee MISC/1099-MISC/1099related nstitutional trustee director below dotted NEC) NEC) organizations employee line) compensated 40.0 (1) RALPH CLEVELAND Χ Χ 110,000 PRESIDENT/CE 40.00 (2) NATASHA FREEMAN Χ 175,000 SVP, OPERATI 40.00 (3) CAMILLE MOORE Х Х 175,000 SVP, EXT AFF 2.00 (4) RICK THIGPEN CHAIRMAN 2.00 (5) DAMALI HARDIN TREASURER

Page 7

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				Pag	e 8								
orm 990 (2022)													D= ==
Part VII Section A. Officers,	Directors, Truste	es, Ke	y Em	ploy	ees	, and	Hig	he	st Compensate	d Employees	(cont	inued)	Page
		-						<u> </u>			<u>`</u> _		
(A) Name and title	(B) Average		sition (do n	C) ot cl	neck r	nore		(D) Reportable	(E) Reportable		(F) Estima	ated
	hours per week (list	; i	n one is both	an c	office	er and			compensation from the	compensation from relate	ed	amount o compens	sation
	any hours for related	. —		-	trustee)			٥	organization (W- 2/1099-	organizations 2/1099-		from organizati	
	organizatio below dotte	ns 🎽	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Μ	/ISC/1099-NEC)	MISC/1099-N	IEC)	relat	ed
	line)	8		ě	em	est	ner					Organiza	3110115
		ğ,	al mai		oloy	ě og							
		9	trus		8	per							
			100			18 SE							
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					T								
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	+		-	-	-	-		-					
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				-	-	-	-						
					-								
									•				
1b Sub-Total							*				_		
d Total (add lines 1b and 1c) .							•		460,000				
Total number of individuals (incompensation from the compensation from the compensati			nose lis	ted a	abov	e) wh	o rec	ceiv	ed more than \$10	00,000			
, r												Yes	No
Did the organization list any fo										employee on		163	140
line 1a? If "Yes," complete Sch											3		No
For any individual listed on line organization and related organ										the			
individual		. 4150,			, .	p	•	•			4	Yes	
5 Did any person listed on line 1a	a receive or accrue o	ompen	sation	from	n any	/ unre	lated	or	ganization or indi	vidual for			
services rendered to the organ	ization? <i>If "Yes," con</i>	plete S	Schedu	le J	for s	uch p	erson	1 .			5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

	Name and bus	A) siness address		Desci	(B) ription of services	(C) Compensation
Total number of indep compensation from the	pendent contractors (inc	luding but not limited	d to those listed above	e) who received mo	ore than \$100,000	of
compensation from ti	ie organization					Form 990 (202
			Page 9 ———			
m 990 (2022)						Page
	nt of Revenue					
Check if So	chedule O contains a res	sponse or note to any I	/ line in this Part VIII (A)	(B)	(C)	<u>U</u>
			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
				function revenue	revenue	tax under section 512 - 514
derated campaigns	1a					
derated campaigns	1					
274,940	. <u>1b</u>					
274,940 nindraising events	. 1c					
Ē						
lated organizations	1 d					
ther						
vernment grants (con	tributions) 1e					
lated organizations New Market Conference of the Conference of th	ifts, grants.					
and similar amounts not above	included 1f					
57,419						
g Noncash contributions in	cluded in					
lines 1a - 1f:\$	1g					
lines 1a - 1f:\$	<u>1g</u>					
lines 1a - 1f:\$		• 332,359				
lines 1a - 1f:\$		• 332,359 Business Code				
lines 1a - 1f:\$	f		1,412,660	1,412,660		
Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code				
1 Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code	1,412,660 91,050	1,412,660 91,050		
Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
h Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
h Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
h Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
h Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
h Total. Add lines 1a-1 2a CONFERENCE REVEN	f	Business Code 813910				
Total. Add lines 1a-1 2a CONFERENCE REVEN SUMMIT REVENUE 1 f All other program	f	Business Code 813910	91,050			
h Total. Add lines 1a-1 2a CONFERENCE REVEN 3 SUMMIT REVENUE f All other program g Total. Add lines 3 Investment income	f	813910 813910 1,503,710	91,050			
Total. Add lines 1a-1 2a CONFERENCE REVEN 3 SUMMIT REVENUE 4 All other program 7 Total. Add lines 3 Investment income similar amounts)	service revenue. 2a-2f	813910 813910 813910 1,503,710	91,050			
Total. Add lines 1a-1 2a CONFERENCE REVEN 3. SUMMIT REVENUE 4. Add lines 3. Investment income similar amounts) 4. Income from inves	service revenue. 2a-2f	Business Code 813910 813910 1,503,710 nterest, and other nd proceeds	91,050			
Total. Add lines 1a-1 2a CONFERENCE REVEN 3. SUMMIT REVENUE 4. Add lines 3. Investment income similar amounts) 4. Income from inves	service revenue. 2a-2f	Business Code 813910 813910 1,503,710 Iterest, and other Ind proceeds Indicate the second	91,050			
Total. Add lines 1a-1 2a CONFERENCE REVEN 3 Investment income similar amounts) 4 Income from inves 5 Royalties	service revenue. 2a-2f	Business Code 813910 813910 1,503,710 nterest, and other nd proceeds	91,050			
Total. Add lines 1a-1 2a CONFERENCE REVEN 3 SUMMIT REVENUE 6 All other program 7 Total. Add lines 3 Investment income similar amounts) 4 Income from inves 5 Royalties 6 Gross rents	service revenue. 2a-2f	Business Code 813910 813910 1,503,710 Iterest, and other Ind proceeds Indicate the second	91,050			
f All other program g Total. Add lines 3 Investment income similar amounts) 4 Income from inves 5 Royalties .	service revenue. 2a-2f	Business Code 813910 813910 1,503,710 Iterest, and other Ind proceeds Indicate the second	91,050			

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	d Net rental income	or (loss)			_			
			Securities	(ii) Other				
	7a Gross amount		Securities	(ii) Gener	\dashv			
	from sales of	7a						
	assets other than inventory							
ì	Less: cost or							
Other Beyon	other basis and sales expenses	7b						
ď	Sales expenses							
à	Gain or (loss)	7c						
ŧ	d Net gain or (loss)			•				
C	a dross income from it	ındraising ev						
	(not including \$ contributions reported	d on line 1c)	_ of					
	See Part IV, line 18		. 8a					
	b Less: direct expen	ses	. 8b					
	c Net income or (los			nts	<u> </u>			
	9a Gross income from							
	See Part IV, line 19		9a					
	b Less: direct expen							
	c Net income or (los	s) from ga	ming activitie	es .				
	10a Gross sales of inve	ontory loca						
	returns and allowa	inces .	. 10a					
	b Less: cost of good	s sold .	_		=			
	c Net income or (los			\mu_				
	- Net income or (los	5) 110111 50	ies of invento	Business Code				
	11a _{MISCELLANEOUS}				61,77	61,77	2	
	ь							
	D							
Oth	er R evenueMiscAmt							
	d All other revenue							
	e Total. Add lines 1	1a-11d .			61,77	12		
	12 Total revenue. S	ee instruct	ions	•	- 01,77	2		
	12 :000 :010000				1,897,84	1,565,483	2	Farma 000 (2022)
								Form 990 (2022)
					- Page 10			
					. age 10			
Forr	n 990 (2022)							Page 10
Р	art IX Statement				omnlete all columns	All other organization	ns must complete co	lumn (A)
							no must complete co	
<u> </u>			•		y line in this Part IX	(B)	(C)	(D)
	not include amounts 8b, 9b, and 10b of P		on lines of	''	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assi						3 2. C. (PC113C3	
	domestic government	s. See Par	t IV, line 21					
2	Grants and other assi Part IV, line 22				88,500	88,500		
	·			1				
3	Grants and other assi governments, and for							
	and 16.							
4	Benefits paid to or for	members		[
5	Compensation of curr				460,000	460,000		
_	key employees			_				
6	Compensation not inc defined under section section 4958(c)(3)(B)	4958(f)(1)) and persor	ns described in				

11/29

Form 990 (2022) Ralance Sheet

1 0	11.7	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			\square
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	370,840
	2	Savings and temporary cash investments	132,889	2	1,000
	3	Pledges and grants receivable, net	361,470	3	515,047
	4	Accounts receivable, net	812,805	4	600,000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	

10/14/25, 6:46 AM

c Accounting . **d** Lobbying .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

10 Payroll taxes 11 Fees for services (non-employees): a Management

12 Advertising and promotion .

14 Information technology .

20 Interest

expenses on Schedule O.) a CREDIT CARD & BANK FEES

b OTHER PROGRAM EXPENSES

d OTHER ADMINISTRATIVE EXP

c TELECOMMUNICATIONS

e All other expenses

0/14/	<i>23</i> , 0.∃ I	40 AIVI AIICICAII	, issociati	on Of Blacks in Energy - Pull Pill	ng Tronpront Explore		I donea
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges			309,178	9	113,354
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	39,298			
	b	Less: accumulated depreciation	10b	29,061	6,544	10c	10,237
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	24,792
	15	Other assets. See Part IV, line 11			572	15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	33)	1,623,458	16	1,635,270
	17	Accounts payable and accrued expenses			97,562	17	126,526
	18	Grants payable				18	
	19	Deferred revenue			251,518	19	738,348
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	butor, or	35% controlled entity		22	
I	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	140,699	25	
	26	Total liabilities. Add lines 17 through 25 .			489,779	26	864,874
lances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck he	re 🕨 🗹 and	1,133,679	27	770,396
B	28	Net assets with donor restrictions				28	
or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	neck here and	-	29	
	30	Paid-in or capital surplus, or land, building or eq	Juipment	t fund		30	
Assets	31	Retained earnings, endowment, accumulated in	come, or	r other funds		31	
111111111	32	Total net assets or fund balances			1,133,679	32	770,396
Net	33	Total liabilities and net assets/fund balances .			1,623,458	33	1,635,270
							Form 990 (2022)

– Page 12 *–*

Form	990 (2022)			Page 12
Pa	rt XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,897,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,251,124
3	Revenue less expenses. Subtract line 2 from line 1	3		-353,283
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,133,679
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		-10,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		770,396
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
4	Accounting mathed and to manage the Form OOO.			

	5, 6:46 AM American Association Of Blacks In Energy - Full Filing - Nonprofit Explorer - ProP Accounting method used to prepare the Form 990: Uses Accounting method used to prepare the Form 990: Uses Accounting method used to prepare the Form 990: Association Of Blacks In Energy - Full Filing - Nonprofit Explorer - ProP	ublica	1
_	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	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either its oversight process or selection process during the tax year, explain in Schedule Organization changed either the process of th	.	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Forr	n 990 (2022)
	990 (2022)		
Ad	ditional Data	Return t	o Form
	Software ID:		
	Software Version:		
Forn	n 990, Special Condition Description:		
	Special Condition Description		

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ObjectId: 202332789349301343 - Submission: 2023-10-05

TIN: 84-0782569

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
		he organiza SSOCIATION O						Employer identific	ation number
N EN		JOCIATION C	N BLACKS					84-0782569	
	rt I				us (All organization			See instructions.	
_	rganiz		•		e it is: (For lines 1 thro	-		(A)(:)	
1		·		•	ssociation of churches			(A)(I).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital	or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4			research orga , and state:	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5				d for the benefi implete Part II.)	t of a college or univer)	rsity owned or op	perated by a gov	ernmental unit descri	bed in section
6		A federal,	state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓			rmally receives (vi). (Complete	a substantial part of it e Part II.)	s support from a	governmental u	nit or from the gener	al public described in
8		A commun	ity trust desc	ribed in sectior	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				ege or university or a
10		An organiz from activi investment	ation that no ties related to t income and	rmally receives: o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III.)	of its support fr	om contribution and (2) no more	s, membership fees, than 33 1/3% of its s	upport from gross
11		An organiz	ation organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	l organizations (d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A sorganization	supporting or on(s) the pow	ganization oper	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A	supporting o	organization sup	pervised or controlled in ation vested in the san				
c		Type III f	unctionally	integrated. A s	supporting organization ions). You must com				ited with, its
d		functionally	y integrated.	The organizatio	d. A supporting organi n generally must satist rt IV, Sections A and	fy a distribution	requirement and		
e					ved a written determin		RS that it is a Ty	pe I, Type II, Type II	functionally
f	Enter			•	integrated supporting	-			
g			• • •	•				- · · · · · · - <u>-</u>	
		Name of support organization	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Fot-	1								
ota or P		work Reduc	tion Act No	tice, see the Iı	nstructions for	Cat. No. 11285	SF	Schedule	A (Form 990) 2022
		or 990-EZ.		,					, -
					Pag	ge 2 ———			
Sched	dule A	(Form 990)							Page 2
Pa	rt II	Suppo	rt Schedul	e for Organiz	zations Described	in Sections 1	70(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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	4/25, 6:46 AM	American As	ssociation Of Blacks	In Energy - Full Fil	ling - Nonprofit Exp	lorer - ProPublica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	351,944	444,658	253,518	1,577,753	332,359	2,960,232
2	include any "unusual grant.") . . Tax revenues levied for the						
-	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to						
_	the organization without charge	251.044	444.650	252 540	4 577 750	222.250	2 000 222
4 5	Total. Add lines 1 through 3 The portion of total contributions by	351,944	444,658	253,518	1,577,753	332,359	2,960,232
•	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.						2,960,232
_	Section B. Total Support				<u>I</u>		
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	r fiscal year beginning in)	• •	` '	` ,	` '	` `	` '
7 8	Amounts from line 4 Gross income from interest,	351,944	444,658	253,518	1,577,753	332,359	2,960,232
8	dividends, payments received on						400
	securities loans, rents, royalties and	67	58	3			128
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the	6,190	12,245	40,425	57,578		116,438
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets	27,451		80,000	373,347		480,798
	(Explain in Part VI.)	27,101		30,000	373,317		100/130
11	Total support. Add lines 7 through 10						3,557,596
12		etc. (see instruction	ons)			12	1,565,482
	First 5 years. If the Form 990 is for th						
	this box and stop here	-			•		ization, eneck
_	Section C. Computation of Public						
14	5 1 11			column (f))		14	83.210 %
15						15	62.200 %
	a 33 1/3% support test—2022. If the o						
10	and stop here. The organization qualif	_					
	33 1/3% support test—2021. If the						
	box and stop here. The organization						
17	a 10%-facts-and-circumstances test	-2022. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
ı	10%-facts-and-circumstances test more, and if the organization meets the						
	meets the "facts-and-circumstances" t		•		•		_
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	c and see	• _
							▶□
-	instructions					Schedule A (I	Form 990) 2022
_			Page 3				
			_				
Sch	nedule A (Form 990) 2022						D 3
			D	- Castian FOO	(-)(2)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Dart II If
	the organization fails t						er rait II. II
-	Section A. Public Support					- /	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and	(=, ====	(=, ====	1,2,200	(=, ===================================	(-,	.,
1	membership fees received. (Do not						
	include any "unusual grants.") .		ļ				
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are		1		+		+
3	not an unrelated trade or business						
	under section 513 Tax revenues levied for the				+		1
4	organization's benefit and either paid						

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5	to or expended on its benair The value of services or facilities				1		-		
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support	L	L	L	l	· L	<u> </u>		
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
_	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
C	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						+		
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) or	ganiza	tion, ch	neck
	this box and stop here								
	ection C. Computation of Public Public support percentage for 2022 (lin	Support Perce	entage	column (f))		1 1			
15 16	Public support percentage for 2022 (III					15 16			
	ection D. Computation of Invest	·	· ·			1 10 1			
17	Investment income percentage for 20			/ line 13, column	(f))	17			
18	Investment income percentage from 2	•	·			18			
19a	33 1/3% support tests-2022. If the							_	
h	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	i stop nere. The e organization did	organization qua I not check a box	on line 14 or line	/ supported organi : 19a, and line 16 i	zation is more than 33	 1/3% a ı	nd line	18 is
-	not more than 33 1/3%, check this box							_	
20	Private foundation. If the organizati								
						Schedule A			2022
							•		
			Page 4						
			——— Page 4						
Scho	dula A (Form 990) 2022		——— Page 4						4
	dule A (Form 990) 2022		Page 4					P	age 4
	dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked				of Part I, complete	Sections A and	B. If yo		
	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 octions A and C. I	of Part I. If you cl	necked box 12a,				ou chec	ked
Par	(Complete only if you checked box 12b, of Part I, complete Section 12d, of Part II I I I I I I I I I I I I I I I I I	a box on line 12 of ections A and C. Inns A and c	of Part I. If you cl	necked box 12a,				ou chec	ked
Par	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 of ections A and C. Inns A and c	of Part I. If you cl	necked box 12a,				ou chec	ked
Par	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz Are all of the organization's supported	a box on line 12 of sections A and C. If the A and D, and control ations organizations list	of Part I. If you cl f you checked bo complete Part V.)	necked box 12a, ox 12c, of Part I, consideration in the constant of the constant of the constant on the cons	omplete Sections A	A, D, and E. If you		ou chec ked bo	ked x
Par	Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the support of the organization of the support of the support of the organization of the support of the organization of the organization of the support of the organization of the support of the organization o	a box on line 12 of actions A and C. In a A and D, and C ations organizations list upported organizations	of Part I. If you cl f you checked bo complete Part V.) ted by name in the ations are design	necked box 12a, x 12c, of Part I, c ne organization's ated. If designate	omplete Sections A	A, D, and E. If you	ou chec	ou chec ked bo	ked x
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the supporting the describe the designation. If historic and	a box on line 12 of actions A and C. In a A and D, and coations organizations list upported organization related to the continuing related to the c	of Part I. If you cl f you checked bo complete Part V.) ted by name in the ations are designa- tionship, explain.	necked box 12a, x 12c, of Part I, c ne organization's eated. If designate	omplete Sections A	A, D, and E. If you		ou chec ked bo	ked x
Par	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the section describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI have the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI have the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI have the section of the organization have any support 509(a)(1) or (2)?	a box on line 12 of ections A and C. In a A and D, and contains organizations list supported organization d continuing related organization the contains and continuing related organization the continuing and continuing related organization the continuing related to the continuing related	of Part I. If you cle f you checked bo: complete Part V.) ted by name in the ations are designationship, explain. that does not have	necked box 12a, ox 12c, of Part I, content in the companization's eated. If designates an IRS determined.	governing docume of by class or purp	A, D, and E. If you	ou chec	ou chec ked bo	ked x
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Settled, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the subscribe the designation. If historic and Did the organization have any supported.	a box on line 12 of ections A and C. In a A and D, and contains organizations list supported organization d continuing related organization the contains and continuing related organization the continuing and continuing related organization the continuing related to the continuing related	of Part I. If you cle f you checked bo: complete Part V.) ted by name in the ations are designationship, explain. that does not have	necked box 12a, ox 12c, of Part I, content in the companization's eated. If designates an IRS determined.	governing docume of by class or purp	A, D, and E. If you	ou chec	ou chec ked bo	ked x
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the Section 509(a)(1) or (2). Did the organization have a supported	a box on line 12 of actions A and C. It is A and D, and C ations organizations list upported organization decontinuing related organization to part VI how the Continuing the continuing the continuing the continuing related organization to part VI how the Continuing related organization to part VI how the Continuing related organization to part VI how the Continuing related to th	of Part I. If you cle f you checked bostomplete Part V.) ted by name in the ations are designationship, explain. that does not have preganization determined	necked box 12a, x 12c, of Part I, c e organization's ated. If designate e an IRS determined that the s	governing docume d by class or purp nation of status un upported organiza	nts? ose, der section	1	ou chec ked bo	ked x
See 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, complete Section A. All Supporting Organization's supported If "No," describe in Part VI how the state describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI have the described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	a box on line 12 of ections A and C. In a A and D, and coations organizations list upported organization that continuing related organization that VI how the coorganization design organization design.	of Part I. If you cle f you checked bostomplete Part V.) ted by name in the ations are designationship, explain. that does not have organization determined	necked box 12a, ox 12c, of Part I, content of Part	governing docume ed by class or purp nation of status un upported organiza r (6)? If "Yes," ans	nts? ose, der section tion was	1	ou chec ked bo	ked x
See 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Fedescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	a box on line 12 of actions A and C. It is A and D, and C ations organizations list upported organization to according related organization to according to the according related organization design organization design supported organization desi	of Part I. If you of f you checked bostomplete Part V.) ted by name in the ations are designationship, explain. That does not have briganization determinations are designationship, explain.	necked box 12a, ox 12c, of Part I, content of Part	governing docume do by class or purp nation of status un upported organizar (6)? If "Yes," ans	nts? ose, der section tion was wer lines 3b and	1 2 3a	ou chec ked bo	ked x
See 1 2 3a	Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Fidescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	a box on line 12 of ections A and C. It is A and D, and C. It is A and D. It i	of Part I. If you cle f you checked bo complete Part V.) ted by name in the ations are designationship, explain. That does not have been designated in section determined in section qualified in section in part of the section of th	necked box 12a, ox 12c, of Part I, content of Part VI when and Part VI when and	governing docume and by class or purp nation of status un upported organizar (6)? If "Yes," ans l(c)(4), (5), or (6) how the organizations.	nts? ose, der section tion was swer lines 3b and and satisfied ion made the	1 2	ou chec ked bo	ked x

			1	ı
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the	4C		
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
10-	, ,	9c		
IUa	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
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C - l	dula A (Farma 200) 2022			_
	dule A (Form 990) 2022		F	Page 5
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
-	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. ection B. Type I Supporting Organizations			
	Scholl B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
2	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	1 2		
2	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.		Yes	No

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supporting organization w	as vested in the same persons that controlled or managed	the sup	ported organization(s).	1		
Section D. All Type III S	Supporting Organizations					
-					Yes	N
tax year, (i) a written noti Form 990 that was most r	de to each of its supported organizations, by the last day of ce describing the type and amount of support provided duri ecently filed as of the date of notification, and (iii) copies of e date of notification, to the extent not previously provided	ng the f the or	prior tax year, (ii) a copy of the	he		
	, , , , , , , , , , , , , , , , , , , ,		h the engine autori	1		
organization(s) or (ii) serv	ion's officers, directors, or trustees either (i) appointed or e ring on the governing body of a supported organization? <i>If</i> close and continuous working relationship with the support	"No," e.	xplain in Part VI how the	2		
voice in the organization's	hip described in line 2 above, did the organization's support investment policies and in directing the use of the organiza es," describe in Part VI the role the organization's supporte	ation's i	ncome or assets at all times			
Section E. Type III Fund	ctionally-Integrated Supporting Organizations				1	
	method that the organization used to satisfy the Integral P	art Tes	t during the year (see instru	ctions):		
a The organization sa	atisfied the Activities Test. Complete line 2 below.		, ,	-		
b The organization is	the parent of each of its supported organizations. Complet	e line :	3 helow.			
0					-L: \	
C The organization si	apported a governmental entity. Describe in Part VI how yo	ou supp	ported a government entity (s	ee mstru	ictions)	
Activities Test. Answer li	nes 2a and 2b below.				Yes	N
a Did substantially all of the	organization's activities during the tax year directly further	the ex	empt purposes of the		1.00	
supported organization(s)	to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported	<i>!</i>		
	nin how these activities directly furthered their exempt purperted organizations, and how the organization determined the					
substantially all of its activ		iat tires	se activities constituted	2a		
	d on line 2a, above constitute activities that, but for the org			е		
	orted organization(s) would have been engaged in? If "Yes, that its supported organization(s) would have engaged in					
organization's involvemen		incsc a	cuvilies but for the	2b		
Parent of Supported Organ	nizations. Answer lines 3a and 3b below.					
a Did the organization have	the power to regularly appoint or elect a majority of the of	ficers, o	directors, or trustees of each	of 3a		
	ns?If "Yes" or "No", provide details in Part VI.					
	ise a substantial degree of direction over the policies, prog If "Yes," describe in Part VI. the role played by the organiz					
supported organizations:	ir res, describe in Part VI. the role played by the organiz	ation ii	3	3b		
			Schedule	A (Forn	n 990)	20
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edule A (Form 990) 2022					l	Pag
	unctionally Integrated 509(a)(3) Supporting (rgan	izations			
	ganization satisfied the Integral Part Test as a qualifying trucher Type III non-functionally integrated supporting organiz				ee	
Section A - Adjusted	Net Income	_	(A) Prior Year		rent Yea ional)	ır
Net short-term capital gai	n	1				
Recoveries of prior-year d	istributions	2				
Other gross income (see i	nstructions)	3				
Add lines 1 through 3		4				
Depreciation and depletion	n	5				
	nses paid or incurred for production or collection of gross nt, conservation, or maintenance of property held for instructions)	6				
7 Other expenses (see instr	uctions)	7				

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VT):			
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	(oxpiani in accan in that the)	_1	I I	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		Curr	ent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		
2				
	Enter 85% of line 1	2		
3	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
3	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		
3 4 5	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ed Type III supporting organization (

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Section D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
Distributable amount for 2022 from Section C, line 6	9	
LO Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

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c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	Page 8 ———		
Schedule A (Form 990) 2022			Page &
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; on E, lines 1c, 2a, 2b, 3a ar	Part IV, Section B, lines 1 and 2 and 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
F	acts And Circumstances	Test	
Return Reference		Explanation	
PART II, LINE 10 480,798			
		Si	chedule A (Form 990) 2022

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ObjectId: 202332789349301343 - Submission: 2023-10-05

TIN: 84-0782569

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.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF BLACKS IN ENERGY 84-0782569 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year а 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Cat. No. 52283D

Schedule D (Form 990) 2022

——— Page 2 ————

Sche	dule D	(Form 990) 2022										Page 2
Parl		Organizations Ma										
3		the organization's acquecked (check all that apply):	uisition, accession	n, and other recor		any of the	he follov	wing that	are a significant (use of its coll	ection	
а		Public exhibition			d		Loan or	exchange	programs			
b		Scholarly research			е		Other					
С		Preservation for future	generations									
4	Provid Part X	le a description of the d	organization's col	lections and expla	in how the	y furthe	er the or	rganizatio	n's exempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fun								Yes	□ N	0
Par	t IV	Escrow and Custo Complete if the org line 21.			orm 990	, Part I	V, line	9, or rep	oorted an amou			
1a		organization an agent ed on Form 990, Part >								☐ Yes	□ N	0
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	following	tahle:			Δ.	Amount		_
c		ning balance		•	•			10				_
d	-	ons during the year .						. 10	i			_
e		outions during the year						16				_
f	Ending	g balance						11	Ŧ			_
2a	Did th	e organization include	an amount on Fo	rm 990 Part X lir	ne 21 for	escrow	or custo	ndial accou	ınt liahility?	□ Ves	□ N	_
b		s," explain the arrange			•				•			Ū
	rt V	Endowment Fund		Check here in the	Схрішнись	on nas i	been pre	ovided iii	ruit XIII			
1 61		Complete if the ord		vered "Yes" on F	orm 990	, Part I	V, line	10.				
				(a) Current year	(b) P	rior year	(c)	Two years	back (d) Three ye	ears back (e)	Four yea	rs back
	_	ing of year balance .										
b	Contrib	utions										
		estment earnings, gain										
d	Grants	or scholarships	•									
		expenditures for facilities ograms	es									
f	Adminis	strative expenses .										
g	End of	year balance										
2 a		le the estimated percer designated or quasi-er	_	ent year end balan	ice (line 1g	, colum	nn (a)) h	neld as:				
b	Perma	anent endowment 🕨	=									
c	Term	endowment 🕨										
	The p	ercentages on lines 2a,		ld equal 100%.								
3а		nere endowment funds ization by:	not in the posses	sion of the organi	zation that	are he	ld and a	dminister	ed for the		Yes	No
		related organizations								3a(i)	103	
		elated organizations .								3a(ii)		
b	If "Yes	s" on 3a(ii), are the rel	ated organizatior	s listed as require	d on Sche	dule R?				3b		
4	Descr	ibe in Part XIII the inte	nded uses of the	organization's en	dowment f	unds.				•		
Par	t VI	Land, Buildings,										
	Doccri	Complete if the orgoin of property	anization ansv (a) Cost or oth		orm 990 ost or other				E Form 990, Palated depreciation). ook value	
	Descrip	ption of property	(investme		ost of other	00313 (00	liler)	c) Accumu	lated depreciation	(4)	JOK Value	-
1a	Land											
		gs										
		old improvements										
		ent				39	9,298		29,061			10,237
	Other	1										
-		ines 1a through 1e. <i>(C</i>	olumn (d) must e	equal Form 990, Po	art X, colu	mn (B),	line 10	(c).) .	. •			10,237
		·							Sch	nedule D (Fo	orm 99	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV	line 11h Coe For	m 000 Part V	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of various end-of-year i	aluation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV,	line 11c. See For	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)			Cost of Cha	or year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, l	ine 11d. See For	m 990, Part X,	line 15. (b) Book value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			🕨	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P		ine 11e or 11f.Se	<u>ee Form 990,</u> F	Part X, line 25.
1. (a) Description of liabilit				(b) Book value

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, .	addraft intentite taxes				
ıl.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	bility for uncertain tax positions. In Part XIII, provide the text of the footnote t		=		
ın	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	re if the	e text of the footnote	•	
				Schedul	le D (Form 990) 2022
_	Page 4 —				
ed	ule D (Form 990) 2022				Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue po	er Return.	r age 4
_	Complete if the organization answered 'Yes' on Form 990, Par				
	Total revenue, gains, and other support per audited financial statements .			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	•		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5	_
r	XII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses	per Return.	_
	Complete if the organization answered 'Yes' on Form 990, Par				
	Total expenses and losses per audited financial statements	•		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line $\mathbf{2e}$ from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				_
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	-		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	<u></u>	5	
					,
ar	XIII Supplemental Information				
ar		l 4; Paı	rt IV, lines 1b and 2b;	; Part V, line 4;	Part X, line 2; Part XI,
οv	XIII Supplemental Information			; Part V, line 4;	Part X, line 2; Part XI,

Additional Data

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10/14/25 6:46 AM American Association Of Blacks In Energy - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202332789349301343 - Submission: 2023-10-05 TIN: 84-0782569 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number Name of the organization AMERICAN ASSOCIATION OF BLACKS 84-0782569 IN ENERGY **General Information on Grants and Assistance** 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) organization (if applicable) grant cash noncash assistance or assistance or government (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022 — Page 2 — Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) SCHOLARSHIPS 88,500 (1) (2) (3) (4) (5) (6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PAGE 1, PART I, LINE AABE DOES NOT MONITOR THE USE OF THE FUNDS AWARDED AS SCHOLARSHIPS, BUT RATHER RECIPIENTS ARE CHOSEN BASED ON CRITERIA MET BEFORE THE AWARD PROCESS

Schedule I (Form 990) 2022

Additional Data

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Software ID: **Software Version:** Name of the organization

efile Public Visual Render ObjectId: 202332789349301343 - Submission: 2023-10-05 TIN: 84-0782569 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

AMERICAN ASSOCIATION OF BLACKS IN ENERGY 84-0782569 Part I **Questions Regarding Compensation** No Yes 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. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods 3 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 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? . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: No Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: 6a Any related organization? 6b Nο If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

— Page 2 —

Schedule J (Form 990) 2022 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 are not listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal	the tot	al amount of Form	990, Part VII, Sec	tion A, line 1a, ap	plicable column (D) and (E) amount	ts for that indi	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 NATASHA FREEMAN SVP, OPERATIONS	(i)	175,000					175,000	
	(ii)							
2 CAMILLE MOORE SVP, EXT AFFAIRS	(i)	175,000					175,000	
	(ii)							

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			Page 3				Schedule J (Form	1 990) 2022
chedule J (Form 990) 2022								Page 3
Part III Supplemental Information								
rovide the information, explanation, or descrip	tions required for Part I, lines	s 1a, 1b, 3, 4a,	4b, 4c, 5a, 5b, 6a, 6b		Part II. Also comple	ete this part for any	additional informa	ition.
Return Reference				Explanation				
						5	Schedule J (Form	ı 990) 2022
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ObjectId: 202332789349301343 - Submission: 2023-10-05

TIN: 84-0782569

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE 0

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 990-EZ.

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

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF BLACKS IN ENERGY

84-0782569

Employer identification number

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	EACH YEAR, AABE LOCAL CHAPTERS ADVERTISE THE SCHOLARSHIP PROGRAM AND SOLICIT AND CONDUCT THE INITIAL SCREENING OF APPLICATIONS FROM ELIGIBLE CANDIDATES. IN ADDITION TO DEMONSTRATING FINANCIAL NEED, CANDIDATES MUST DEMONSTRATE ACADEMIC MERIT AND ACHIEVEMENT. FOR EXAMPLE, THEY MUST MAINTAIN A "B" AVERAGE (3.0 OR BETTER ON A 4.0 SCALE), BOTH OVERALL AND IN THEIR MATHEMATICS AND SCIENCE COURSES. AFTER A RIGOROUS REVIEW PROCESS, THE NATIONAL SCHOLARSHIP COMMITTEE AWARDS SCHOLARSHIPS TO STUDENTS REPRESENTING THE ASSOCIATION'S SIX REGIONS. ADDITIONALLY, A PREMIER AWARD OF 5,000 IS AWARDED TO THE CANDIDATE THAT WAS JUDGED TO DEMONSTRATE THE MOST OUTSTANDING ACHIEVEMENT AND PROMISE. AWARDS ARE ANNOUNCED IN THE SPRING DURING AABE'S NATIONAL CONFERENCE AND PAYMENTS ARE MADE DIRECTLY TO THE STUDENT UPON PRESENTATION OF PROOF OF ENROLLMENT AT AN ACCREDITED COLLEGE OR UNIVERSITY.
FORM 990, PAGE 6, PART VI, LINE 6	AMERICAN ASSOCIATION OF BLACKS IN ENERGY (AABE) HAS 39 ACTIVE CHAPTERS IN SIX GEOGRAPHIC REGIONS IN THE US. AABE IS AN ENERGY POLICY AND EDUCATIONAL ORGANIZATION WHOSE MEMBERS PARTICIPATE IN EVERY SEGMENT OF THE ENERGY SECTOR THROUGHOUT THE US.
FORM 990, PAGE 6, PART VI, LINE 7A	AABE MEMBERS CAN ELECT BOARD MEMBERS.
FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS CAN BE SUBJECT TO APPROVAL BY MEMBERS AS ISSUES ARE PRESENTED.
FORM 990, PAGE 6, PART VI, LINE 11B	BEFORE FILING WITH THE IRS, THE DRAFT FORM 990 IS MADE AVAILABLE TO THE PRESIDENT & CEO FOR REVIEW.
FORM 990, PAGE 6, PART VI, LINE 12C	IT IS THE POLICY OF AABE THAT ITS EMPLOYEES AVOID CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS BETWEEN EMPLOYEES' PERSONAL INTERESTS AND OFFICIAL RESPONSIBILITIES ON BEHALF OF AABE RESOURCES, INCLUDING BUT NOT LIMITED TO TIME, SUPPLIES, TELEPHONES, COMPUTERS AND OTHER EQUIPMENT, USED FOR AABE BUSINESS OR AABE SPONSORED ACTIVITIES. MISUSE OF AABE RESOURCES FOR OTHER PURPOSES MAY SUBJECT THE EMPLOYEE TO DISCIPLINE UP TO AND INCLUDING TERMINATION.
FORM 990, PAGE 6, PART VI, LINE 15A	OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE BOARD THROUGH REVIEW AND COMPARATIVE ANALYSIS OF THE MARKET RATES FOR OTHER ASSOCIATIONS OF THE SAME SIZE AND BUDGET IN THE DC AREA. FOR EXECUTIVE COMPENSATION (PRESIDENT & CEO), THE BOARD OF DIRECTORS SETS THE COMPENSATION USING THE SAME REVIEW AND COMPARATIVE ANALYSIS. THE DELIBERATION AND DECISION PROCESS IS DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES.
FORM 990, PAGE 6, PART VI, LINE 15B	OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE BOARD THROUGH REVIEW AND COMPARATIVE ANALYSIS OF THE MARKET RATES FOR OTHER ASSOCIATIONS OF THE SAME SIZE AND BUDGET IN THE DC AREA. FOR EXECUTIVE COMPENSATION (PRESIDENT & CEO), THE BOARD OF DIRECTORS SETS THE COMPENSATION USING THE SAME REVIEW AND COMPARATIVE ANALYSIS. THE DELIBERATION AND DECISION PROCESS IS DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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