Davies, Goldstein & Associates CPA's P.O. Box 156 Matthews, NC 28106 704-684-0555

January 25, 2023

CONFIDENTIAL

Braveworks 1717 Cleveland Ave Charlotte, NC 28203

Dear:

We have prepared the following returns for you:

Return of Organization Exempt From Income Tax (Form 990)

We prepared your returns based on the information you provided us. We suggest that you review these returns carefully to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

If you have any questions or if we can be of assistance in any way, please let us know.

Sincerely,

Jeffrey I. Goldstein Davies, Goldstein & Associates CPA's

Filing Instructions

Braveworks

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2022

Federal Filing Instructions

Your Form 990 for the year ended 6/30/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Davies, Goldstein & Associates CPA's P.O. Box 156 Matthews, NC 28106

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

| OMB | No. | 1545-0047 |
|-----|-----|-----------|
| | | |

Department of the Treasury Internal

For calendar year 2021, or fiscal year beginning \dots 7. / \cdot 0. 1. \cdot 2021, and ending \cdot 6. / 3. 0. \cdot 20. 2. 2

2021

Revenue Service

FIN or SSN Name of filer 32-0423402 Braveworks Name and title of officer or person subject to tax Beth Bell Executive Director Part I Type of Return and Return Information Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038- CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here . b Tax based on investment income (Form 6b 4a Form 990-PF check here 5 Form 990-PF, Part VI, line 5) 8868 check here 6a Forn ▶ 990-T **b Balance due** (Form 8868, line 3c) check here 7a Form 4720 check here ... b Total tax (Form 990-T, Part III, line 4) b Total tax (Form 4720, Part III, line 1) b FMV of assets at end of tax year (Form 5227, 8a Form 5227 check here Item D) 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 10b 10a Form 8038-CP check here ... 8038-CP, Part III, line 22) I am a person subject to tax with Under penalties of perjury, I declare that of , (EIN) respect to (name and entity) that I have examined

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| ^{11/25} PIN: thiệck one box only | |
|--|--|
| I authorize to enter my P | PIN as my signature |
| ERO firm name | Enter five numbers, but do not enter all zeros |
| on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the re agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforemention return's disclosure consent screen. | · · |
| As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the return. If I have indicated within this return that a copy of the return is being filed with a state agency(in IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. | |
| Signature of officer or person subject to tax | <u>► 01/11/23</u> |
| Certification and | |
| | |
| ERO's signature ► <u>Jeffrey I.</u> Date ► | 01/11/23 |
| Goldstein ———————————————————————————————————— | |
| ERO Must Retain This Form — See Instructions Form 8879-TE (2021) Do Not Submit This Form to | |
| the IRS Unless Requested To Do So | |

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

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

OMB No. 1545-0047 **2021**

Open to Public Inspection

Department of the Treasury Internal A For the 2021 calendar year, or tax year , and ending 06/30/22 beginning07/01/21 C Name of organization D Employer identification number Braveworks **B** Check Address change Doing business as 32-0423402 Number and street (or P.O. box if mail is not delivered to street address) Name change E Telephone number 1717 Cleveland Ave 866-278-6894 Initial return City or town, state or province, country, and ZIP Final return/ terminate or foreign postal code Amended return 868,110 **G** Gross receipts\$ Charlotte NC 28203 lame and address of H(a) Is this a group return for Yes Yes Beth Bell X No No 1717 H(b) Are all subordinates included? Cleveland Ave If "No," attach a list. See instructions Charlotte NC 28203 501(c) 4947(a)(1) or **X** 501(c)(3)) < (insert no.) Tax-exempt status: H(c) Group exemption number ► J Website: ► www.fashionandcommpassion.com Trust Association L Year of formation: 2012 X Corporation Form of organization: Other ► M State of legal domicile NC Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ... 17 17 Number of independent voting members of the governing body (Part 34 Total number of individuals employed in calendar year 2021 (Part V, 102 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Current Year **b** Net unrelated business taxable income from Form 990-T. Part I. line 11 7b **Prior Year** Contributions and grants (Part VIII, line Revenue

| /2023 10:37 科 9 | rogram service revenue (Part VIII, line | 414,529 | 599,562 |
|--------------------------------|---|---------|---|
| 20 | g) | 202,003 | 268,548 |
| 10 In | | | 0 |
| | A), lines 3, 4, and 7d) | 616 520 | 0 |
| | ther revenue (Part VIII, column (A), nes 5, 6d, 8c, 9c, 10c, and 11e) | 616,532 | 868,110 0 |
| (n | otal revenue – add lines 8 through 11 nust equal Part VIII, column (A), line | | 15 Salaries, other compensation, employee benefits (Part |
| | 2) | | 16 Salaries, other compensation, employee benefits (Part 17 Salaries, other compensation, employee benefits (Part 18 Salaries, other compensation). |
| | K, column (A), lines 1–3) | | b Total fundraising expenses (Part IX, column (D), line 2 |
| | enefits paid to or for members (Part IX, | | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11 |
| Expenses | olumn (A), line 4) | | 18 Total expenses. Add lines 13–17 (must equal Part IX, o |
| 2 | | | 19 Revenue less expenses. Subtract line 18 from line 12 |
| Ž | | | 20 Total assets (Part X, line 16) |
| | | | 21 Total liabilities (Part X, line 26) |
| | | | 22 Net assets or fund balances. Subtract line 21 from line |
| | | | 0 |
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| Net Assets or Fund Balances | | | |
| 돌돌 | | | |
| Part II | Signature Block | | |
| | alties of perjury, I declare that I have examined trect, and complete. Declaration of preparer (oth | | dules and statements, and to the best of my knowledge and belief, it of which preparer has any knowledge. |
| | \ | · | |
| ign | Signature of officer | | Date |
| ler | Beth Bell | | Executive Director |

| Sign | Signature of officer | | | Date |
|----------|--|---------------------------|----------|-------------------------|
| Her | Beth Bell | Executive | Dire | ctor |
| e | Type or print name and title Print/Type preparer's name | Preparer's signature | Date | Check if PTIN |
| Paid | Jeffrey I. Goldstein | Jeffrey I. Goldstein | 01/25/2 | self-employed P00534322 |
| Prepare | Firm's name - Davies, Go | oldstein & Associates CPA | S Firm's | EIN - 26-2669494 |
| r | P.O. Box 156 | | | |
| Use Only | Firm's address - Matthews, NC 28 S discuss this return with the preparer shown above | 8106 | Phone | |
| | S discuss this return with the preparer'shown above work Reduction Act Notice see | e? See instructions | | 90 (2021) |

For Paperwork Reduction Act Notice, see the separate instructions.

| orm 990 | (2021 | Braveworks |
|---------|-------|------------|
|---------|-------|------------|

Part III

32-0423402

| | Statement of Program Service | | | |
|-------------|---|----------------|--------------------|----------|
| | Accomptishedents contains a response or note | to any lin | e in this Part III | <u>X</u> |
| | | | | |
| 1 | Briefly describe the organization's mission: | | | |
| | See Schedule O | | | |
| | | | | |
| • | | | | |
| | | | | |
| 2 | Did the organization undertake any significant program services during | Yes | No | |
| _ | the year which were not listed on the | 103 | 110 | |
| | prior Form 990 or 990-EZ? | | | |
| | | Yes | No | |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in | | | |
| 3 | how it conducts, any program | | | |
| | services? | | | |
| | | | | |
| 1 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for | | | |
| 4 | each of its three largest program services, as measured by expenses. | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report | | | |
| | the amount of grants and allocations to others, the total expenses, and | | | |
| | revenue, if any, for each program service reported. | | | |
| | | | | |
| 4- | (Code:) (Expenses \$ 6 1 1 , 7 9 4 including | |) (D | 268,54 |
| - 70 | (Code:) (Expenses \$ 6 1 1 , / 9 4 including | y grants or \$ |) (Reven | , |
| 8 |) | | | |
| • | See Schedule O | | | |
| ì | See Schedule O | | | |
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| 4b | (Code:) (Expenses \$ including grant | ts of \$ |) (Revenue | \$ |
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| 1 | J/ A | | | |
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| Ic (Code: |) (Expenses \$ | including | \$) |
|---|-------------------------------|------------|---------------|
| • | grants of \$ | (Revenue | |
| N/A | | | |
| | | | |
| d Other program services (Describe (Expenses \$ | on Schedule O.) including gra | ants of \$ |) (Revenue \$ |
| | | |) |
| | | 611,794 | • |

01/25/2023 10:37 AM

01/25/2023 10:37 AM

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a part complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors
 Did the organization engage in direct or indirect political campaign activities or candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying a election in effect during the tax year? If "Yes," complete Schedule C, Part II ...
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization the assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes." con
- Did the organization maintain any donor advised funds or any similar funds or have the right to provide advice on the distribution or investment of amounts ir "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easer the environment, historic land areas, or historic structures? *If* "Yes," *complete*
- 8 Did the organization maintain collections of works of art, historical treasures, c complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodia custodian for amounts not listed in Part X; or provide credit counseling, debt nd debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in or in quasi endowments? *If* "Yes," *complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then cor VII, VIII, IX, or X, as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Pε complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 16? If "Yes," complete Schedule D, F
 - Did the organization report an amount for investments—program related in Pa of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, P
 - d Did the organization report an amount for other assets in Part X, line 15, that i reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If
- f Did the organization's separate or consolidated financial statements for the tax the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?
- **12a** Did the organization obtain separate, independent audited financial statements Schedule D, Parts XI and XII
 - **b** Was the organization included in consolidated, independent audited financial st "Yes," and if the organization answered "No" to line 12a, then completing
 - 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Ye.
 - $\textbf{14a} \ \mathsf{Did} \ \mathsf{the} \ \mathsf{organization} \ \mathsf{maintain} \ \mathsf{an} \ \mathsf{office}, \ \mathsf{employees}, \ \mathsf{or} \ \mathsf{agents} \ \mathsf{outside} \ \mathsf{ol} \\ \mathsf{b} \ \mathsf{Did} \ \mathsf{the} \ \mathsf{organization} \ \mathsf{have} \ \mathsf{aggregate} \ \mathsf{revenues} \ \mathsf{or} \ \mathsf{expenses} \ \mathsf{of} \ \mathsf{more} \ \mathsf{than} \ \$10,0$
 - business, investment, and program service activities outside the United States foreign investments valued at \$100,000 or more? If "Yes," complete Schedule
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV...
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts II
- Did the organization report a total of more than \$15,000 of expenses for proferent IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. Se
- Did the organization report more than \$15,000 total of fundraising event gross Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming a If "Yes," complete Schedule G, Part III......
 - 20a Did the organization operate one or more hospital facilities? If "Yes," corb If "Yes" to line 20a, did the organization attach a copy of its audited finan
- 21 Did the organization report more than \$5,000 of grants or other assistance to a domestic government on Part IX, column (A), line 1? If "Yes," complete Sched

Form 990 (2021) Braveworks

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Part IV Checklist of Required Schedules (continued)

- Did the organization report more than \$5,000 of grants or other assistance to a Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II
 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about c organization's current and former officers, directors, trustees, key employees, employees? If "Yes." complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principa \$100,000 as of the last day of the year, that was issued after December 31, 20 through 24d and complete Schedule K. If "No," go to line 25a
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temp c Did the organization maintain an escrow account other than a refunding escro to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstandin **25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organ transaction with a disqualified person during the year? *If* "Yes," complete **b** Is the organization aware that it engaged in an excess benefit transaction with ε and that the transaction has not been reported on any of the organization's pri *If* "Yes," complete Schedule L, Part I
- Did the organization report any amount on Part X, line 5 or 22, for receivables former officer, director, trustee, key employee, creator or founder, substantial c controlled entity or family member of any of these persons? *If "Yes," cor.* Did the organization provide a grant or other assistance to any current or form employee, creator or founder, substantial contributor or employee thereof, a g or to a 35% controlled entity (including an employee thereof) or family membe

persons? If "Yes," complete Schedule L, Part III

- Was the organization a party to a business transaction with one of the followir Part IV, instructions for applicable filing thresholds, conditions, and exceptions a A current or former officer, director, trustee, key employee, creator or founder, "Yes." complete Schedule L. Part IV
 - b A family member of any individual described in line 28a? If "Yes," complete A 35% controlled entity of one or more individuals and/or organizations descri "Yes," complete Schedule L, Part IV
- Did the organization receive more than \$25,000 in non-cash contribution Did the organization receive contributions of art, historical treasures, or other conservation contributions? If "Yes," complete Schedule M
- Did the organization liquidate, terminate, or dissolve and cease operatior
 Did the organization sell, exchange, dispose of, or transfer more than 25% of complete Schedule N, Part II
- Did the organization own 100% of an entity disregarded as separate from the sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I...
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," cor. or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of sections of the section of
- Did the organization conduct more than 5% of its activities through an entity the and that is treated as a partnership for federal income tax purposes? If "Yes,"
- 38 Did the organization complete Schedule O and provide explanations on Sched 19? Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax

Form 990 (2021) Braveworks

| Check if Schedule O contains a response or note to any line in this | Part V | | | | П |
|--|-----------|----|------|-----|----|
| onesia ii coneddio o containe a respense or note to arry iino iir ane | i ait v . | | | Yes | No |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 34 | | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| reportable gaming (gambling) winnings to prize winners? | | | . 1c | | X |

Form 990 (2021) **Braveworks**

32-0423402

| | art V Statements Regarding Other IRS lings and Tax Compliance (continued) | | Y | es No | | |
|----------------|--|-----------|-------------|-------|-----------|---|
| | Enter the number of employees reported on Form W-3, Transmittal of Wage | 2b | x | | | |
| and | I Tax Statements, filed for the calendar year ending with or within the year | | | | | |
| | covered by this return 2a 34 | 3a | X | | | |
| b If a | least one is reported on line 2a, did the organization file all required federal employment tax returns? | 3b | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | 4a | X | | | |
| mo | Did the organization have unrelated business gross income of \$1,000 or re during the year? b If "Yes," has it filed a | 5a | х | | | |
| Sci | m 990-T for this year? <i>If "No" to line 3b, provide an explanation on needule O </i> | 5b | x | | | |
| uiu | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 5c | | | | |
| h 1f "\ | | 6a | X | | | |
| D II Y | es," enter the name of the foreign country | 6b | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | OD. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any | 7a | х | | | |
| tin | ne during the tax year? | 7b | | | | |
| | Did any taxable party notify the organization that it was or is a party to a phibited tax shelter transaction? | | | | | |
| • | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 7с | Х | | | |
| tha | Does the organization have annual gross receipts that are normally greater n \$100,000, and did the | | | | | |
| or | ganization solicit any contributions that were not tax deductible as charitable contributions? | | | | | |
| | If "Yes," did the organization include with every solicitation an express atement that such contributions or | | | | | |
| gifts w | ere not tax deductible? | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | |
| and se | rvices provided to the payor? | | | | | |
| I | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | | | | | |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | | | 7d | | |
| a e | Did the organization receive any funds, directly or indirectly, to pay premium | s on a i | nersonal he | | 7e | х |
| _ | Did the organization, during the year, pay premiums, directly or indirectly, or | | | | 7f | X |
| q | If the organization, during the year, pay premiums, directly of indirectly, or | | | | 71 7g | X |
| | If the organization received a contribution of qualified intellectual property, a | | Ū | · | 7 9 7h | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a | | | - | , | |
| 3 | sponsoring organization have excess business holdings at any time during t | | | | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section | | | | 9a | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor Section 501(c)(7) organizations. Enter: | or, or re | lated perso | on? | 9b | |
| | | | | | | |

| a limitation fees and capital contributions included on Part VIII, line 12 | |
|--|----|
| 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 filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year? | |
| 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 filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during 14a X the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner attorn drevexes parachute payment(s) during the year? | |
| section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner ation or excess parachute payment(s) during the year? | |
| against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner attion or excess parachule payment(s) during the year? | |
| Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c la Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration dreveress parachute payment(s) during the year? | |
| trusts. Is the organization filing Form 990 in lieu of Form 1041? | |
| Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drexcess parachute payment(s) during the year? | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | |
| Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drescess parachute payment(s) during the year? | |
| the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drescess parachute payment(s) during the year? | |
| c Enter the amount of reserves on hand a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drescess parachute payment(s) during the year? | |
| a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drescess parachute payment(s) during the year? | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration drescess parachute payment(s) during the year? | |
| excess parachute payment(s) during the year? | |
| excess parachute payment(s) during the year? | |
| | 15 |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 |
| If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | |
| activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 |
| | |
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Form 990 (2

| 2021) Braveworks | 32-042340 | PAGI |
|-------------------------|---|-------------------------------|
| Governance, Management, | and Disclosure For each "Yes" response to lines 2 thr | ough 7b below, and for a "No" |

| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an | | | |
|-----|--|---------|--------|----------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See if Schedule O contains a response or note to any line in this Part VI | | ıction | s. Chec |
| Sec | ction A. Governing Body and Management | | | Λ |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| ь | Did the organization have members or stockholders? | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 1 _ 1 | | |
| | one or more members of the governing body? | 7a | | <u> </u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | l l | | x |
| | stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | | |
| h | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | | Х |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12b | Х | |
| | describe on Schedule O how this was done | 12c | Х | |
| | Did the organization have a written whistleblower policy? | 13 | | X |
| 15 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16 | 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 16b | | |
| | organization's exempt status with respect to such arrangements? | 100 | | |
| Sec | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (ex | plain c | n Sch | edule O |

 ${\color{red}01/25/2023}$ ${\color{red}1}$ 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 ►

Patti Davis Form 990 (2021) Braveworks Charlotte

1717 Cleveland Ave-042340

2 NC 28203

866-278-6894

| 1000 | Sec. | | |
|------|------|---|---|
| 1000 | - | - | - |

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Name and title Average Estimated amount box, unless person is both an compensation from compensation of other hours per officer and a director/trustee) compensation week (list the organization (W-2/ 1099-MISC/ organizations (W-2/ from the Instit hours for 1099-NEC) 1099-MISC/ organization and utior emp mei related organizations related ove 1099-NEC) trust organizations below dotted line) (1) Beth Bell 40.0 Executive Director 0 0 61,162 X 10 0.00 (2) Janet Manzullo 40.0 COO 0 X 56,729 0 0.00 (3) Yetty Akinyelu 1.0 0 0 0 Director X 0.00 (4) Cathy Armstrong 1.0 Director 0 X 0 0 0.00 (5) Dawn Cordero 1.0 Director X 0 0 0 0.00 (6) Erin Diehl 2 . 0 Board Chair 0 0 0 X 0.00

| Form 990 (2021) Bravework | s | | 32-042 | 340 | PAGE |
|---------------------------|----------|----------------------|--------|-----|------|
| (7) Denice Von Gnec | | | 2 | | _ |
| Director | 1.0 | x | 0 | 0 | 0 |
| | 0.00 | | | | |
| (8) Kristen Guarnie | i | | | | |
| Secretary | 2.0 | x | 0 | 0 | 0 |
| | p | | | | |
| | 0.00 | | | | |
| (9) Emily Hak | | | | | |
| Development Chair | 2.0 | x | 0 | 0 | 0 |
| | h | ^ | 0 | 0 | |
| | | | | | |
| | 0.00 | | | | _ |
| (10) Colieen Hart | | | | | |
| Director | 1.0 | x | 0 | 0 | 0 |
| | h | $ \mathbf{\hat{r}} $ | 9 | 0 | |
| | ~ | | | | |
| | 0.00 | | | | |
| (11) Kalie Koivisto | | | | | |
| Director | 1 . 0 | x | 0 | 0 | 0 |
| | b l | | | | |
| | | | | | |
| | 0.00 | | | | |

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| Part VII Section A. Officer | s, Directors, Ti | ruste | es, | Key | Em | ploy | /ees | , aı |
|---------------------------------|---|--|-----|-----|----|-------------------|-----------------|------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check mo box, unless persor officer and a director In Instit di ution d al ution d al ut trust al ru u trust | | | | s both trustee | an e) For | |
| (12) Jessica LaBou | nty 1.0 | st e e o r di r e ct o r | | | | | | |
| Director | 0.00 | X | | | | | | |
| (13) Rhett Postal Finance Chair | 2 . 0 | x | | | | | | |
| (14) Frances Queen | 0.00 1.0 0 0.00 | х | | | | | | |
| (15) Kate Rech | 1.0 | x | | | | | | |
| (16) Brett Ryan Director | 1.0 | х | | | | | | |
| (17) Leticia "Leti Director | 1.0 0 0.00 | a X | D | | Tr | m | n | |
| (18) Sherry Waters Vice Chair | 0.00 | x | | | | | | |
| (19) Ashley Collie Secretary | 2.0 | | | x | | | | |

| 0.00 | | | |
|------|--|--|--|

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

Form 990 (2021) **Braveworks**

32-0423402

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated

| employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | |
|--|---|--|----|-------------|-----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensions organization and related organizations greater than \$150,000? If "Yes | • | | | |
| _ | individual Did any person listed on line 1a receive or accrue compensation from | • | 4 | | X |
| 5 | for services rendered to the organization? If "Yes," complete Schedul | | 5 | | 37 |
| Soot | on B. Independent Contractors | , | 5 | | X |
| 1 | Complete this table for your five highest compensated independent of from the organization. Report compensation for the calendar year end | ding with or within the organization's tax year. | | | |
| | Name and business address | Description of services | Co | mpensa n | tio |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 | Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization | | | | |

32-0423402

Statement of Revenue

| | Statement of i | Kevenue | | | | | |
|--|--|-------------------------|------------------|----------------------|------------------------------------|---|--|
| | Check if Scheo | lule O contains | s a response or | note to any line in | this Part VIII | | |
| | | | | (A) Total revenue | Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Entition of the state of the st | b Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included at Noncash contributions included in g h Total. Add lines 1a–1f | 1b 1c 1d 1e 200ve 1f 1g | 224,66 374,89 | | | | |
| | 2a Sales of Ar | tis an Go | o d s 4541 | | 264,798 | | |
| | b Shipping/D | | 31000 | 3,750 | 3,750 | | |
| | ef All other program service | | | | | | |
| | g Total. Add lines 2a–2f 3 Investment income (include) | | | 268,548 | | | Ī |
| | other similar amounts) Income from investment of Royalties | of tax-exempt bond | proceeds | | | | |
| | 6a Gross rents 6a | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses c Rental inc. or (loss) 6c | | | | | | |
| | d Net rental income or (loss 7a Gross amount from sales of assets other than inventory 7a | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales exps. c Gain or (loss) 7b 7c | | | | | | |
| | d Net gain or (loss) | | <u> </u> | | | | |
| | 8a Gross income from fundraising including \$ of contributions reported on li 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from | 8a 8b | _ | | | | |
| | 9a Gross income from gamin activities. See Part IV, line b Less: direct expenses | ng e 19 9a | | | | | |
| | c Net income or (loss) from | | ····· | | | | |
| | and allowances b Less: cost of goods sold c Net income or (loss) from | 10a | | | | | |
| | c Niet income or (loce) from | calce of inventory | | 1 | | | 1 |

| 01/25/20 10 10:38 AM | Business Code | | | | |
|------------------------------------|---------------|---------|---------|---|---|
| g 11a | | | | | |
| [b | | | | | |
| a c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a–11d | •• | | | | |
| 12 Total revenue. See instructions | • | 868,110 | 268,548 | 0 | 0 |

Form **990** (2021)

Form 990 (2021) Braveworks
Part IX Statement of Functional Expenses

| Check if Schedule O contains a respon | | | ····· | /D) |
|--|---------------------|------------------------------------|-------------------------------------|--|
| Do not include amounts reported on lines 6b, 7b 8b, 9b, and 10b of Part VIII. | Total (A) ses expen | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisin g expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic | | | | |
| individuals. See Part IV, line 22 | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 354,232 | 283,567 | 33,379 | 37,286 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 31,036 | 20,795 | 9,000 | 1,241 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 750 | | 750 | |
| b Legal | 750 | | 750 | |
| c Accounting | 13,008 | | 13,008 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 33,641 | 33,641 | | |
| 13 Office expenses | 3,478 | 20,012 | 3,478 | |
| 14 Information technology | 10,021 | 7,917 | 1,102 | 1,002 |
| 15 Royalties | | · | · | · |
| 16 Occupancy | 39,202 | 30,970 | 4,312 | 3,920 |
| 17 Travel | 10,705 | 10,705 | | · |
| 18 Payments of travel or entertainment expense for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization . | 5,232 | 5,232 | | |
| 23 Insurance | 6,512 | 5,145 | 716 | 651 |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Cost of Artisan | 143,440 | 143,440 | | |
| Goods Sol | 45,202 | 45,202 | | |
| b Shop Maintenanc | 25,526 | | | 25,526 |
| e | 23,320 | | | 23,320 |

| Form 990 (2021) Braveworks C Development and | | PAGE | | |
|---|---------|---------|--------|--------|
| C Dévélopment and | 23,580 | 23,580 | | |
| d Artisan Expense | | | | |
| s | 13,503 | 1,600 | 11,903 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 759,068 | 611,794 | 77,648 | 69,626 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) | | | | |

PAGE

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

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------------|----------|---|------------|-----------------------|--------------------------|--------|--------------------|
| | 1 | Cash—non-interest-bearing | | | 237,794 | 1 | 209,235 |
| | 2 | Savings and temporary cash investments | | | · | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 428 | 4 | 196,498 |
| | 5 | Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co | officer, d | irector, r, or 35% | | | , |
| | _ | controlled entity or family member of any of these person | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | | | | _ | |
| | _ | under section 4958(f)(1)), and persons described in sect | ion 4958 | 8(c)(3)(B) | | 6 7 | |
| | 7 | Notes and loans receivable, net | | | 68,720 | 8 | 65 030 |
| | 8 | Inventories for sale or use | | | 68,720 | | 65,232 |
| | 9 | гтераіц ехрепэез апц целепец спатуез | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 26,158 | | | |
| | | b Less: accumulated depreciation | 10b | 16,167 | 15,223 | 10c | 9,991 |
| | 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 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 3) | | 322,165 | 16 | 480,956 |
| | 17 | Accounts payable and accrued expenses | | | 38,726 | 17 | 40,639 |
| | | Grants payable | | | 337.23 | 18 | |
| | 18 10 | | | | | 19 | |
| | 19 | Deterred revenue | | | | 20 | |
| | 20 | Tax-exempt bond liabilities | | | | 21 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of | | | | 21 | |
| | 22 | Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial co | ntributo | r, or 35% | | | |
| | | controlled entity or family member of any of these person | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | • | | 110.070 | 23 | 107.00 |
| | 24 | Unsecured notes and loans payable to unrelated third pa | arties | | 149,259 | 24 | 197,095 |
| | 25 | Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 187,985 | 26 | 237,734 |
| N | | Organizations that follow FASB ASC 958, check h | ere X | | | | |
| е | | and complete lines 27, 28, 32, and 33. | 1 1 | | | | |
| τ | 27 | Net assets without donor restrictions | | | 134,180 | 27 | 243,222 |
| s | 28 | Net assets with donor restrictions | | | | 28 | |
| s e t | | Organizations that do not follow FASB ASC 958, o | check h | ere ► | | | |
| s | | and complete lines 29 through 33. | | | | | |
| 0 | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| FI | 30 | Paid-in or capital surplus, or land, building, or equipmen | t fund | | | 30 | |
| u | 31 | Retained earnings, endowment, accumulated income, or | r other fu | ınds | 40440 | 31 | 010 000 |
| - 1 | 32 | lotal net assets or fund balances | | | 134,180 | 32 | 243,222 |
| B al a n | 33 | Total liabilities and net assets/fund balances | | ····· | 322,165 | 33 | 480,956 |
| s | | | | | | | |

Form 990 (2021) **Braveworks**Part XI

32-0423402

Reconciliation of Net Assets

| | Charle if Oak adula O anntains a management to appuling in this Bart VI | | | | |
|----|---|----|----|-----|----------|
| 1 | Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 869 | 3,11 |
| ' | Total revenue (must equal Part VIII, column (A), line 12) | | | 0 | , |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 759 | 7,0€ |
| | | | | 8 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | _ | 9,04 |
| 4 | | 4 | | 12 | 1 10 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 0 | 1,18 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Here period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 24. | 3,22 |
| | | | | 2 | |
| Pa | art XII | | | | |
| | | | | | |
| | | | | Yes | No |
| | counting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | |
| • | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| - | 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 | X | |
| | basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | |
| | | | 3a | | <u> </u> |
| | f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 26 | | |
| | | | 3b | | |
| | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | | |
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Form **990** (2021)

(Form 990)

(B)

(C)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Braveworks

Employer identification number 32-0423402

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary suppor (vi) Amount of organization (described on lines 1-10 listed in your governing other support (see (see instructions) above (see instructions)) instructions) Yes No (A)

| 01/25 | /2023 10:38 AM | 10:38 AM | | | | | | | | |
|-------|----------------|----------|--|--|--|--|--|--|--|--|
| | (D) | | | | | | | | | |
| | . , | | | | | | | | | |
| | (E) | | | | | | | | | |
| | , | | | | | | | | | |
| | Total | | | | | | | | | |

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

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

| Part III. If the organization Section A. Public Support | on fails to qual | lify under the t | ests listed bel | ow, please con | nplete Part III.) | |
|--|--|---|-----------------------|---------------------|-------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on | | | | | | |
| line 11, column (f) | | | | | | |
| Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) - | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| Amounts from line 4 | | | | | | |
| Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| Total support. Add lines 7 through 10Gross receipts from related activities, etc. | (see instructions) | | | | 12 | |
| 3 First 5 years. If the Form 990 is for the c | organization's first, | second, third, four | th, or fifth tax year | as a section 501(c |)(3) | |
| organization, check this box and stop he | re | | | | | <u> </u> |
| Section C. Computation of Public | | | nn (f)) | | 14 | |
| Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch | | ne 14 | . , , | | 15 | |
| 16a 33 1/3% support test—2021. If the o | rganization did no | | | 4 is 33 1/3% or mo | | |
| box and stop here. The organization qua | • | | | | · | • |
| b 33 1/3% support test—2020. If the o | - | | | | | |
| this box and stop nere. The organization | qualifies as a pub | s a publicly supported organization | | | | |
| | | the organization did not check a box on line 13, | | | | |
| | | 1 | 6a, or 16b, and lin | e 14 is 10% or mor | e, and if the | |
| | | | • | the facts-and-circu | | |
| | | test, check this box and stop here. Explain in Part VI how the organization meets the | | | | |
| | facts-and-circumstances test. The organization qualifies as a publicly supported | | | | | |
| | | | | | | |
| | | O | rganization | | | |
| b 10%-facts-and-circumstances test—2 | 020. If the organiz | ation did not check | | 16a, 16b, or 17a, a | | |
| is 10% or more, and if the organization r | - | | | | | |
| Part VI how the organization meets the fa | cts-and-circumsta | nces test. The orga | anization qualifies | as a publicly suppo | rted | |
| organization | | | | | | |

| 01/25/18 ²³ 10 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | | | | | | |
|---|-----------|-------------------------------------|--|--|--|--|--|
| instructions | | | | | | | |
| Schedule A (Form 990) 2021 | Bravework | 32 - 04 2 Schedule A (Form 999) 202 | | | | | |

Program PW-Ca

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

| Sec | II. If the organization fails | to qualify und | er the tests lis | ted below, plea | ase complete | Part II.) | |
|-------------|---|---|-----------------------|-----------------|--------------|------------------|------------|
| | ndar year (or fiscal year beginning in) - | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 251,997 | 298,562 | 368,658 | 414,529 | 599,562 | 1,933,308 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 559,109 | 375,623 | 228,953 | 202,003 | 268,548 | 1,634,236 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 811,106 | 674,185 | 597,611 | 616,532 | 868,110 | 3,567,544 |
| 7a . | Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 3,567,544 |
| Sec | tion B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 811,106 | 674,185 | 597,611 | 616,532 | 868,110 | 3,567,544 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 811,106 | 674,185 | 597,611 | 616,532 | 868,110 3,567,54 | |
| 14 | First 5 years. If the Form 990 is for the org organization, check this box and stop here | | | | | | • [|
| Sec | tion C. Computation of Public S | | | | | 1451 | 100 00 01 |
| 15 16 | Public support percentage for 2021 (line 8, Public support percentage from 2020 Scheol | column (f), divided dule A, Part III. line | by line 13, column 15 | າ (f)) | | 15 | 100.00 % |
| | | | | | | 10 | 100.00 % |
| sec | tion D. Computation of Investm | <u>ent Income P</u> | ercentage | | | | |

17

18

19a

% Investment income percentage from $\bf 2020$ Schedule A, Part III, line 17 \dots

33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

| 01/25/2020stQ338AM | publicly supported organization | |
|--------------------|---------------------------------|--|
| - uuaililes as a | Dubliciv subborted organization | |

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and



Schedule A (Form 990) 2021

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Braveworks

Schedule A (Form 990) 2021

32-0423402

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| | | |
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| 10a | | |
| 10b | | |
| 100 | | |

01/25/2023 10:38 AM Schedule A (Form 990) 2021

Part IV

b

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Yes

No

Braveworks

Schedule A (Form 990) 2021

Supporting Organizations (continued)

The organization satisfied the Activities Test. Complete line 2 below.

The organization is the parent of each of its supported organizations. Complete line 3 below.

The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Activities Test. **Answer lines 2a and 2b below**.

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| | | | Yes | No |
|----------|---|-------------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | , | 11b | | |
| C | | | | |
| | provide detail in Part VI. | 11c | | |
| | | | | |
| | | | | |
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| | | | | |
| <u>S</u> | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more | | | |
| | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, | | | |
| | or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, | | | |
| | supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe | | | |
| | how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations | | | |
| | and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | 2 Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI | | | |
| | how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or | | | |
| | trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or | | | |
| | management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | - |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or | | | |
| | assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| <u>S</u> | ection E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | s). | | |
| _ | | | | |
| 4 | | | | |
| 4 | | | | |
| | | | | |

 $^{01/25/2023}$ $^{10.36}$ Substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that 2a these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

DAA Schedule A (Form 990) 2021

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Braveworks

Schedule A (Form 990) 2021

32-0423402

| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
|--------|---|
| 1 | |

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Yea (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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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



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Schedule A (Form 990) 2021

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| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Or | ganization s | (continued) | |
|-------------|--|-----------------|-------------|--------------|
| Section D - | - Distributions | | | Current Year |

| 01/25/2023 | Amounts paid to supported organizations to accomplish exempt purpo | oses | | | | |
|------------|---|---------------------------|--|--|--|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supp | oorted organizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide de | tails in Part VI) | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | · | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which the organizations (provide details in Part VI). See instructions. | ration is responsive | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| Sect | (iii) Distributabl e Amount for 2021 | | | | | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| а | From 2016 | | | | | |
| b | From 2017 | | | | | |
| С | From 2018 | | | | | |
| d | From 2019 | | | | | |
| е | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | |
| 7 | 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| b | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| е | Excess from 2021 | | | | | |
| | Schedule A (Form 990) 202 | | | | | |

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Schedule A (Form 990) 2021

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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section | | | | |
|---------|--|--|--|--|--|
| | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Act to www.irs.gov/Form000 for instructions and the latest information

OMB No. 1545-0047 2021

Open to Public

| | | Go to www.irs.gov/Form990 to | instructions and the latest | | inspe | CUON |
|--------|--|---|---|----------------------------|----------------|---------------|
| Name | of the organization | | | Employer identificat | tion number | |
| В | raveworks | | | 32-04234 | 02 | |
| Pa | | ations Maintaining Donor Advised F | unds or Other Similar F | | | |
| | Complete | e if the organization answered "Yes" or | n Form 990, Part IV, line 6 | ∂. | | |
| | | | (a) Donor advised funds | (b) Funds ar | nd other accou | nts |
| 1 | Total number at end o | · · · · · · · · · · · · · · · · · · · | | | | |
| 2 | | ntributions to (during year) | | | | |
| 3 4 | | ants from (during year)d of year | | | | |
| 5 | | ı nform all donors and donor advisors in writing that | Yes No | | | |
| | | ation's property, subject to the organization's | | | | |
| С | onferring impermissible | private benefit? | | | | |
| 6 | Did the organization in | nform all grantees, donors, | _ | | | |
| | and donor advisors in | writing that grant funds can | | | | |
| | - | table purposes and not for | | | | |
| | the benefit of the done other purpose | or or donor advisor, or for any | | | Ш | Ш |
| Pa | rt II | | Conservation Ease Complete if the orga Part IV, line 7. | | 'Yes" on | Form 99 |
| | | nd for public use (for example, recreation or tion of natural habitat pen space | certified historic structure | ally important land area P | | |
| - | leld at the End of the Ta | ay You | | | | |
| a | leid at the Liid of the it | ax rear | | | | |
| b | | | | | | |
| C. | | | | | | |
| | | | | | | |
| 2 2 | Complete lines 2a three easement on the last | bugh 2d if the organization held a qualified conserved | vation contribution in the form of | a conservation | | |
| а | Total number of conse | ervation easements | | | | |
| b c | | ed by conservation easementson easements on a certified historic structure inclu | | | | |
| d | Number of conservation | on easements included in (c) acquired after 7/25/0 | | | | |
| 3 | | d in the National Register on easements modified, transferred, released, exti | nguished or terminated by the o | | | |
| J | tax year | | inguistica, or terminated by the o | gamzaton during the | | |
| 4 | Number of states whe | re property subject to conservation easement is lo | cated ► | | | |
| 5 | | have a written policy regarding the periodic | violations, and enfor | cement of the conservation | | nts it holds' |

| | L ^{0:38} AMNo | | | | | |
|------------|--|--------------|-----------------------|--|-----------------|---|
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of viola | ations, and | enfor | cing conservation easements | during the year | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations \$ | s, and enfo | rcing | conservation easements dur | ing the year | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ | Yes | N | 0 | | |
| | and section 170(h)(4)(B)(ii)? | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation easements is sheet, and include, if applicable, the text of the footnote to the organization's organization's accounting for conservation easements. | | | • | ance | Ш |
| Paı | t III | Treasu | u res ete i | ions Maintaining Coll , or Other Similar Ass f the organization anso e 8. | sets. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in art, historical treasures, or other similar assets held for public exhibition, edu provide in Part XIII the text of the footnote to its financial statements that des | cation, or r | resea | rch in furtherance of public se | | |
| b | f the organization elected, as permitted under FASB ASC 958, to report in its historical treasures, or other similar assets held for public exhibition, educati the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form | 990, Part ' | VIII, li | ine 1 \$ | | |
| | (ii) Assets included in Form 990, Part X | | | * | | |
| 2 | If the organization received or held works of art, historical treasures, or other following amounts required to be reported under FASB ASC 958 relating to t | | | or financial gain, provide the | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ | | |
| b A | ssets included in Form 990, Part X | | | | | |
| For I | Paperwork Reduction Act Notice, see the | | | Schedule D (Form 9 | 90) 2021 | |

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

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| Part III | Organizations Maintain | | | | | sets (continued |
|-------------------------------|---|-------------------------|-------------------------------|-------------------------|----------------------|-----------------------|
| | the organization's acquisition, accession items (check all that apply): | sion, and other records | s, check any of the follo | owing that make signifi | cant use of its | |
| 7 | on tems (check all that apply). | | d | Other | je program | F |
| 1 | | | е | | | ∟ |
| 1 | | | | | | |
| - a Pu | blic exhibition | | | | | |
| b Sc | holarly research | | | | | |
| c Pr | eservation for future generations | | | | | |
| 4 Provid | e a description of the organization's | collections and explair | n how they further the o | organization's exempt p | ourpose in Part | |
| | the year, did the organization solicit cal treasures, or other similar | or receive donations of | of art, Yes | No | | ПП |
| | to be sold to raise funds rather than panization's collection? | | art of | | | |
| Part IV | Escrow and Custodial | | | | | |
| | Complete if the organizat | ion answered "Ye | es" on Form 990, | Part IV, line 9, or | reported an amo | ount on Form |
| 1a Is the o | rganization an agent, trustee, custod | ian or other intermedia | ary for contributions or | other assets not | | |
| | ed on Form 990, Part X? | ian or other intermedia | Yes | No | | |
| | | | | | | |
| b If "Yes," | explain the arrangement in Part XIII | and complete the folio | owing table: | | | |
| | | | | | | Amount |
| . Begini | ning balance | | | | 1c | |
| • Additio | ns during the year | | | | 1d 1e | |
| | uhahanan inc year | | | | 1f | |
| | organization include an amount on F | | | | Yes | No b If |
| "Yes," exp | lain the arrangement in Part XIII. Ch | | | | | |
| Part V | Endowment Funds. | ion anawarad "V | oo" on Form 000 | Dort IV line 10 | | |
| | Complete if the organizat | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1 Beginn | ing of year balance | (a) cancin you | (2) 1 1101 year | (e) The years such | (a) Three years back | (c) i sui yeure suoit |
| a Contrib | outions | | | | | |
| b Net inv | restment earnings, gains, and | | | | | |
| C | | | | | | |
| losses d _{Grants} | or scholarships | | | | | |
| | expenditures for facilities and | | | | | |
| f Admini | strative expensesyear balance | | | | | |
| | the estimated percentage of the curr | ent year end balance | I (line 1g, column (a)) he | eld as: | | 1 |
| | designated or quasi-endowment ► | % | " | | | |
| b Perma | nent endowment ► % | | | | | |
| c Term e | endowment ► % | | | | | |
| The pe | ercentages on lines 2a, 2b, and 2c sh | ould equal 100%. | | | | |
| | | | | | | |

| | Yes | No |
|-------|-----|----|
| 3a(i) | | |
| 3a(ii | | |

| 3b | | | | | | |
|------|--------|--|------------------------------|---------------------------|----------------------|---------------------|
| 38 | Are | there endowment funds not in the possessi | on of the organization that | are held and administered | for the organization | |
| | by: | | | | | |
| | (i) | Unrelated organizations | | | | |
| | (-) | Related organizations | | | | |
| | | b If "Yes" on line 3a(ii), are the related orga | anizations listed as require | d on Schedule R? | | |
| _4 | Desc | ribe in Part XIII the intended uses of the ord | ganization's endowment fu | nds. | | |
| P | art \ | /I Land, Buildings, and Equi | pment. | | | |
| | | Complete if the organization | • | Form 990, Part IV, li | ne 11a. See Form 99 | 0, Part X, line 10. |
| | | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | | | (investment) | (other) | depreciation | |
| 18 | a Land | d | | | | |
| h | Rui | dings | | | | |
| | | sehold improvements | | 9,839 | 3,759 | 6,080 |
| d | | ipment | | · | · | · |
| e | Oth | er | | 16,319 | 12,408 | 3,911 |
| Tota | al. Ad | d lines 1a through 1e. (Column (d) must eq | ual Form 990, Part X, colu | mn (B), line 10c.) | - | 9,991 |

Schedule D (Form 990) 2021

Part VII

Braveworks

Page 3

Schedule D (Form 990) 2021

Investments - Other Securities.

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| Complete if the organization answered "Yes" | | | |
|--|------------------|---|-------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method o Cost or end-of-yea | |
| Financial derivatives | + | Cost of end-of-yea | ii iiiaiket value |
| Closely held equity interests | | | |
| 2) | | | |
| Other | | | |
| (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 | e organization answere | |
| | Part IV, line 11 | c. See Form 990, Part | X, line 13. |
| | | | |
| (a) Description of investment | (b) Book value | (c) Method o | |
| (1) | + | Cost or end-of-year | ii iiiaiket value |
| (2) | + | | |
| (3) | <u> </u> | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | <u> </u> | | |
| | | | |
| Part IX | Other Assets. | | -d "V" F 00 |
| | | e organization answere d. See Form 990, Part | |
| | r artiv, mic ii | a. 000 i 0iiii 000, i ait | Λ, ιπο το. |
| (a) Description | | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | • | |
| Part X | Other Liabiliti | es. | |
| | | e organization answere | ed "Yes" on Form |
| | | ne 11e or 11f. See Forr | |

25.

| 1/25/2023 10:38 AM | (a) Description of liability | (b) Book value |
|-----------------------|--|------------------------------|
| (1) Federal income to | axes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) mu | ist equal Form 990, Part X, col. (B) line 25.) | <u> </u> |
| • | in tax positions. In Part XIII, provide the text of the footnote to the organization's ax positions under FASB ASC 740. Check here if the text of the footnote has be | · |
| DAA | | Schedule D (For 990) 2021 |

32-0423402

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

| <u> </u> | | | ٠. | a. | |
|----------|-----|-----|----|----|---|
| Cor | ททเ | ete | ΙŤ | th | e |

| Complete ii tile | | | |
|--|----------|-----|--------|
| Total revenue, gains, and other support per audited financial statements | | . 1 | 868,11 |
| "Yes" on Form 990, Part IV Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (IUNEs 124 investments | 2a | | 0 |
| . Donated services and use of facilities | 2b | | |
| . Recoveries of prior year grants | 2c 2d | | |
| e Adehlerer Basilin Besilin Petart XIII.) | | 2e | |
| 3 Subtract line 2e from line 1 | | 3 | 868,11 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 0 |
| * Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | · · |
| . Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 868,11 |
| | | | 0 |

Part XII

Reconciliation of Expenses per Audited Financial

Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| _ | T. 1 | | 11 | 750 060 |
|--------|---|----------------------------|----------------------------|---------|
| 2 | Total expenses and losses per audited financial statements | | | 759,068 |
| a | Donated services and use of facilities | 2a | | |
| b C | Prior year adjustments | 2b | | |
| d | Other leases | 2c | | |
| | Other losses | 2d | | |
| | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | . 2e | |
| 3 | Subtract line 2e from line 1 | | . 3 | 759,068 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | · |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 759,068 |
| Pa | rt XIII Supplemental Information. | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | V. lines 1b and 2b: Part \ | V. line 4: Part X. line 2: | |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | | | |
| uit | At, fines 2d and 4b, and 1 art Att, fines 2d and 4b. Also complete this part to provide an | iy additional imormation | | |

| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. |
|---|
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| | |
| Schedule D (Form 990) | 2021 |

| Schedule D (Form 990) 2021 | | ge 5 |
|----------------------------|------------------------------|-------------|
| Part XIII | 32-0423402 | |
| Suppleme | ntal Information (continued) | |
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01/25/2023 10:38 AM Schedule D (Form 990) 2021

SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

40b. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public

| | | | Inspection |
|--------------------------|-----------|----------------------|------------|
| Name of the organization | | Employer identificat | ion number |
| Bı | raveworks | 32-0423402 | |
| | | | |

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990. Part IV. line 25a or 25b, or Form 990-EZ, Part V. line 40b.

| | Complete in the digametation and voted from cook, if are 17, mile 200 of 200, or 1 of 1000 EE, if are 1, mile 100. | | | | | | | | |
|-----|--|--|--------------------------------|----------------|----------|--|--|--|--|
| 4 | ()) () () () | (b) Relationship between disqualified person and | (c) Description of transaction | (d) Co | rrected? | | | | |
| (4) | (a) Name of disqualified person | organization | (c) Description of transaction | Yes | No | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |

| 2 under | disqu | the amount of tax incurred by the organization managers or alified persons during the year 4958 | > | \$ \$ | |
|------------|-------|---|-------------|----------|--|
| | 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X. line 5. 6. or 22.

| (a) Name of interested person | (b) Relationship with organization | to or the c | oan from rg.? | (e) Ongmai principal amount | (I) Balance due | (g) in c | ierauit? | by bo comm | proved ard or nittee? | agree | miten ment? |
|-------------------------------|------------------------------------|----------------|---------------------|--------------------------------|-----------------|-------------------|----------|---------------|-----------------------------|-------|----------------|
| | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| [10) | | | | | | | | | | | |
| Total | | | | ► \$ | | | | | | | |

Part III **Grants or Assistance Benefiting Interested Persons.**

| 01/25/2023 10:38 AM | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---------------------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

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

Schedule L (Form 990) 2021

32-0423402

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the | (c) Amount of transaction | (d) Description of transaction | | haring org. nues? |
|-------------------------------|--|---------------------------|--------------------------------|-----|-------------------------|
| (1) = ===== | organization | 22 522 | | Yes | No |
| (1) D&D Group | BOD member | 38,722 | rent office space | | Х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |

| Part V | Supplemental Information. |
|--------|---|
| | Provide additional information for responses to questions on Schedule L (see instructions). |
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Schedule L (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

| ine or the organization | |
|-------------------------|-------------------|
| | Braveworks |

transformation through

Employer identification number

32-0423402

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----|------|---|----|---|---|-----|---|---|---|-----|---|-------|---|---|---|-----|---|---|---|-----|---|---|---|---|-----|----|---|---|---|---|----|---|------|---|---|---|---|-----|-----|-----|---|---|---|---|-----|---|
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Form 990 - Organization's Mission

Artisan enterprise, leading to abundant & pur poseful lives.

Our Mission is to empower women & families over coming trauma & injustice,

bridging the gap from pain to purpose through : - Impactful

connections, inspired creations and economic confidence. We work with women

in the US as well as Africa and South/Central America, empowering them

through purposeful work, economic mobility, personal/professional

development, and connection to resources/social capital, all while helping

them to heal from their trauma. The women we serve are overcoming

trafficking, abuse, addiction, incarceration, poverty and ethnic

persecution. They come to us broken, with the

offer a judgement-free zone where they are we lcomed just as they are. We

introduce them to staff, volunteers and peers from different walks of life,

having come through a wide array of circumstances and/or traumas, and help

them develop a supportive community. These relationships help to build

trust and confidence and give them the support they need to overcome their

om we refer to as artisans, to

make items such as jewelry, clothing, bags, home goods, gifts and more.

The women are paid for their time/products up front, and thus they do not

take any risk if their items do not sell. We guide them in the design

process so the items appeal to the demographic we reach, helping expand

their financial resources. Artisans receive one-on-one coaching and small

group mentoring, and work with our staff to develop and achieve goals

around employment, education, housing, fin ancial literacy, skill

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

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Name of the organization

Braveworks

Employer identification number

32-0423402

development, ESL, healthy community, emotional health, continued sobriety

and more. Women learn critical business and work-readiness skills, which

are transferable to other industries, to prepare them for future employment

and/or entrepreneurial endeavors. The women 1 ocally are with us for 3-6

months and graduate from our program once the yachieve their primary goal.

Graduates join our Alumni program and are give n opportunities for future

employment through our Lead and Advanced Arti

Form 990, Part III, Line 4a - First Accomplish ment

We accomplish our mission by providing part-time transitional employment

and purposeful work along with personal and professional development to

women overcoming trafficking, abuse, addict

 $^{01/25,0023,10:38\,\text{AM}}_{ extbf{T}}$, incarceration, poverty and

ethnic persecution. The women we serve are referred by non-profit and NGO

partners specializing in these various traum as. We introduce the women to

a diverse community where they learn transferable work-readiness skills,

receive emotional support, expand their social capital and gain access to

the economic ladder, often for the first time in their lives. There are

optional opportunities for spiritual growth and we serve regardless of age,

race, sexual identity, religion or national or igin. Women work with our

team to identify and achieve life goals such a seducation, employment,

stable housing, skill development, financial literacy, ESL, emotional

health, continued sobriety, healthy community, and more. These women

emerge from our program confident in their wor th and abilities and equipped

with the resources needed to maintain their newly achieved goals. Program

on/25/2023 10:38 AM duates join our Alumni program where they receive continued support,

community and resources, and employment oppor tunities are available for

graduates to join our Lead and Advanced Artisa n programs. Our graduates

Schedule O (Form 990) 2021

| organization | number |
|-----------------------------------|----------------|
| Braveworks | 32-0423402 |
| tell us that through our program | they are able |
| to move back into society | |
| full of hope and well-equipped t | o navigate the |
| ir future. | |
| | |
| Form 990, Part VI, Line 11b - Org | anization s P |
| The tax return was prepared by a | CPA firm and w |
| as reviewed by competant | |
| individuals within the organia | zation. |
| | |
| Form 990, Part VI, Line 12c - Enf | orcement of Co |
| nflicts Policy | |
| We have not had any conflicts of | interest issue |
| s that have required | |
| presentation to the Board or enf | orcement in a |
| ccordance with our policy | |
| which has been provided to the IF | RS and our Boa |
| rd members. | |
| Form 990, Part VI, Line 19 - Gove | rning Documen |
| ts Disclosure Explanation | |

| publi | c upon r | equest | • | |
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