WEGNER CPAS, LLP 2921 LANDMARK PL #300 MADISON, WI 53713-3074

> ALDEA: ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION 99 WALL STREET , 970 NEW YORK, NY 10005

			LIC DISCLOSURE COPY - STATE REGIST Return of Organization Exempt F	RATION	ио. 00-58-03 псоте Тах	OMB No. 1545-0047
Forr	• 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		2022	
Depa	tment	of the Treasury	Do not enter social security numbers on this form as	-	Open to Public	
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
_				enaing U	UN 30, 2023	
	heck if oplicab	le.	f organization A: ADVANCING LOCAL DEVELOPMENT		D Employer identificat	ion number
x	Addre		UGH EMPOWERMENT AND ACTION			
- 23	Name		usiness as		**-***6540	
	Initial			Room/suite	E Telephone number	·
	Final	99 1		970	929-274-30	98
	termi	0_	own, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	932,975.
	Amer returr	ded NET	YORK, NY 10005		H(a) Is this a group retur	'n
	Appli tion	^{ca-} F Name a	nd address of principal officer: ARIANNE PETERSON		for subordinates?	
	pendi	^{ng} 1349	24 1/2 AVE, RICE LAKE, WI 54868		H(b) Are all subordinates includ	led? Yes No
		empt status:		or 527	If "No," attach a list	. See instructions
	Vebsi		AGUATEMALA.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other	L Year	of formation: 1967 M S	tate of legal domicile: ${f NY}$
Pa	rt I	Summary	10771			
é	1		be the organization's mission or most significant activities: <u>ADVAN</u>			MEN.I.
Governance	•		EMPOWERMENT AND ACTION ASSISTS CO			
/ern	2 3	Check this bo				16
Go	3 4		lependent voting members of the governing body (Part VI, line 1a)			16
	- 5		of individuals employed in calendar year 2022 (Part V, line 2a)			2
ities	6		of volunteers (estimate if necessary)			38
Activities &			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		756,622.	850,675.
nue	9	Program servi	ce revenue (Part VIII, line 2g)		11,250.	53,495.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		12,584.	28,805.
щ	11			0.	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		780,456.	932,975.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		715,794.	641,944.
	14		to or for members (Part IX, column (A), line 4)		0. 125,297.	0. 127,485.
ses	15	Salaries, othe	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Protessional t				0•
Exp	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		76,785.	154,074.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		917,876.	923,503.
	19		expenses. Subtract line 18 from line 12		-137,420.	9,472.
or					ginning of Current Year	End of Year
sets lanc	20	Total assets (I	Part X, line 16)		1,056,244.	1,086,098.
Ass d Ba	21		(Part X, line 26)		27,209.	20,713.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		1,029,035.	1,065,385.
Pa	rt II	Signatur	e Block			
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my kn	owledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cignotium of a	ficer		Detc	
Sigr		Signature of o			Date	
Here	e	ARIANNE Type or print r	PETERSON, EXECUTIVE DIRECTOR			
		Lishe or hunri				

May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
	MADISON, WI 53713	-3074	Phone no. 608 -	274-4020					
Use Only	Firm's address 2921 LANDMARK PL								
Preparer	Firm's name WEGNER CPAS, LLP		Firm's EIN **-	-***4031					
Paid	JENNY TARKOWSKI, CPA	Jermin alauch	11/13/23 self-employed	P00634290)				
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					

232001 12-13-22	LHA For Pape	rwoi	rk Redu	iction Act Notice, see the	e separate instru	uctions.	
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

Form **990** (2022)

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ALDEA'S MISSION, SHARED WITH OUR PARTNERS AT ASOCIACION BPD IN
	GUATEMALA, IS TO PROMOTE INTEGRATED DEVELOPMENT SERVICES THAT IMPROVE
	THE WELL-BEING OF FAMILIES WITH LIMITED RESOURCES, ESPECIALLY IN RURAL
	MAYAN AREAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses § 641,944. including grants of § 641,944.) (Revenue § 0.
	ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION PARTNERS
	WITH THE GUATEMALAN ORGANIZATION ASOCIACION BPD TO ADDRESS HEALTH AND
	DEVELOPMENT ISSUES AFFECTING MAYAN COMMUNITIES IN RURAL GUATEMALA. WE
	EMPLOY A COMMUNITYLED DEVELOPMENT APPROACH THAT TARGETS CHRONIC CHILDHOOD MALNUTRITION, A PROBLEM AFFECTING 50-90% OF CHILDREN IN THE
	AREAS WHERE WE WORK, WHILE BUILDING THE COMMUNITY'S CAPACITY TO ADDRESS
	FUTURE CHALLENGES ON THEIR OWN. WE WORK ALONGSIDE PARTICIPATING
	FAMILIES TO INSTALL BASIC WATER AND SANITATION INFRASTRUCTURE,
	IMPLEMENT NUTRITION AND SUSTAINABLE AGRICULTURE INITIATIVES, AND ENSURE
	EVERYONE IN THE COMMUNITY INCLUDING WOMEN AND YOUTH HAS A VOICE IN THE
	DECISIONMAKING PROCESS. SINCE 2003, WE HAVE SUPPORTED MORE THAN 131
	RURAL COMMUNITIES WITH OVER 13,680 FAMILIES.
4b	(Code:) (Expenses \$189,351. including grants of \$0.) (Revenue \$53,495.
	ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION SUPPORTS OUR
	PARTNERS AT ASOCIACION BPD IN GUATEMALA IN PLANNING AND IMPLEMENTING
	COMMUNITY DEVELOPMENT PROGRAMS AS OUTLINED IN OUR JOINT STRATEGIC PLAN.
	WE WORK TO RAISE AWARENESS IN THE U.S. ON THE HEALTH
	NEEDS IN RURAL GUATEMALA AND THE IMPORTANCE OF SUPPORTING COMMUNITIES
	TO ADDRESS THEM. THROUGH TOURS AND OTHER OUTREACH INITIATIVES, WE
	EDUCATE DONORS AND OTHERS ON THE EFFECTIVENESS OF INITIATIVES LIKE
	PREVENTING INFECTIOUS DISEASES BY BUILDING POTABLE WATER SYSTEMS THAT
	BRING RUNNING WATER TO COMMUNITIES AND HOMES; PREVENTING RESPIRATORY
	ILLNESSES, BURNS, AND DEFORESTATION BY CONSTRUCTING EFFICIENT, VENTED
	STOVES; IMPROVING SANITARY CONDITIONS BY CONSTRUCTING GRAY WATER
	FILTERS AND LATRINES; SUPPORTING FAMILIES IN PROVIDING GOOD NUTRITION
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4.0	Total program service expenses 831,295.
4e	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form 990 (2022)

Part IV Checklist of Required Schedules

³ 2022.05000 ALDEA: ADVANCING LOCAL DE 10270.51

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2022)

Form	990 (2022) THROUGH EMPOWERMENT AND ACTION **-**6	540	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		20 3a	- 23	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
7		7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
a ⊾		1		
		-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 hand13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
		14b		
				<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI		-
	Check if Schedule O contains a response or note to any line in this Par	art VI

|--|

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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 th	e direc	t 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 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	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 ch	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? I_{f} "	,			v	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	A	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	idependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0		X
a b	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mont	with a			
10a				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filedNY , AL , AK , AR , C	A.C	O.CT.FL.GA	.HI	IL	.KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on S	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
-	ARIANNE PETERSON - 929-274-3098					
	1349 24 1/2 AVE, RICE LAKE, WI 54868					
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)
	6					,)

Form 990 (2022)

ALDEA:	ADVANCING	LOCAL	DEVELOPMENT
THROUGH	EMPOWERM	ENT AND	ACTION

Form 990 (THROUGH	-		-			**_*
Part VII	Compensation	of Officers,	Directors,	Trustees	s, Key	Employees,	Highest	Compensated
	Employees an	d Independe	ant Contrad	store				

Employees, and independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week			uau		l/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) ARIANNE PETERSON	40.00									
EXECUTIVE DIRECTOR				Х				80,650.	0.	7,283.
(2) DEB WALTERS	23.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CARY HILL	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) BRUCE ROBBINS	6.00									
TREASURER		Х		Х				0.	0.	0.
(5) WAYNE GILBERT	10.00									
SECRETARY		Х		Х				0.	0.	0.
(6) NARRA SMITH COX	5.00									
DIRECTOR		Х						0.	0.	0.
(7) MARYPAT ENGLISH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SONYA FULTZ	1.00									
DIRECTOR (LEFT JANUARY 2023)		Х						0.	0.	0.
(9) YVONNE GATZ	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JONATHAN MAUPIN	5.00									_
DIRECTOR		Х						0.	0.	0.
(11) TOM SHARPE	1.00									
DIRECTOR	1	Х						0.	0.	0.
(12) GORDON STARKEBAUM	1.00								0	0
DIRECTOR (13) CINDY SWATEK	0.00	Х						0.	0.	0.
	0.00	x						0.	0.	0
DIRECTOR (JOINED JUNE 2023)	1.00	~						0.	0.	0.
(14) LILYANNA THOMPSON DIRECTOR	1.00	х						0.	0.	0.
(15) OSCAR TORRES	0.00	^						U •	0.	0.
DIRECTOR (JOINED JUNE 2023)	0.00	х						0.	0.	0.
(16) MARTHA TRESSLER	E 00	~						0.	0.	<u> </u>
	5.00	x						0.	0.	n
DIRECTOR (17) JOHNNY WALKER	0 00	^				-		0.	U •	0.
(17) JOHNNY WALKER DIRECTOR (JOINED JUNE 2023)	0.00	x						0.	0.	0.
		Λ						Ι Ο.	0.	Form 990 (2022)
232007 12-13-22				_	-					Form 330 (2022)

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-*65/0 Page 8

		EMPOWERM	EN	Τ.	AN	D.	AC	ΤI	ON	**_**	*65	540	Page 8
Par	t VII Section A. Officers, Directors, T	rustees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	not ch unles cer and	neck r is per	nore t	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo	F) mated unt of :her
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	compe fror orgar and	nsation n the nization related izations
(18)	PAM WINTHROP	1.00	_		_	-							
DIRE	CTOR		Х						0.		0.		0.
	BARBARA YOST	2.00											
DIRE	CTOR (LEFT JUNE 2023)		X						0.		0.		0.
1b	Subtotal								80,650.		0.	7	,283.
с	Total from continuation sheets to Part								0.		0.		0.
d	Total (add lines 1b and 1c)								80,650.		0.	7	,283.
2	Total number of individuals (including bu compensation from the organization	It not limited to th	ose	listeo	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable			0 'es No
3	Did the organization list any former offic				•						ſ	3	X
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$	e sum of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization		4	X
5	Did any person listed on line 1a receive												
	rendered to the organization? <i>If</i> "Yes." c tion B. Independent Contractors											5	X
1	Complete this table for your five highest	-								· · · ·	ensat	ion from	<u>ו</u>
	the organization. Report compensation f (A) Name and busine			nain DNE			or wit	<u>nin</u>	(B) Description of s		С	(C) ompens	ation
2	Total number of independent contractor \$100 000 of compensation from the org		ot lin	nited	to t	hos 0		ted	above) who received mo	ore than			

Form 990 (2022)

232008 12-13-22

			2022) THROUGH EMPOW	ERMENT AN	ND ACTION		**-***6	540 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin			(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 10								Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns1aMembership dues1b					
DOL CL			Membership dues 1b Fundraising events 1c					
fts, r Ai			Related organizations					
, Gi nila			Government grants (contributions) 1e					
ons Sin			All other contributions, gifts, grants, and					
her		•		850,675.				
ot		a	Noncash contributions included in lines 1a-1f	3,841.				
Cor		-	Total. Add lines 1a-1f	•	850,675.			
				Business Code				
e	2	а	TOURS	561520	53,495.	53,495.		
Program Service Revenue		b						
Sei		с						
am eve		d						
ogr B		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		53,495.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		28,805.			28,805.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	а						
		h	assets other than inventory 7a Less: cost or other basis					
e		D	and sales expenses 7b					
evenue		с	Gain or (loss)					
Rev			Net gain or (loss)					
Other F	8		Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10	а	Gross sales of inventory, less returns					
		L	and allowances 10a Less: cost of goods sold 10b					
			•					
		C	Net income or (loss) from sales of inventory	Business Code				
snu	11	а						
Miscellaneous Revenue	••	b						
ella 3vei		c						
Be			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		932,975.	53,495.	0.	
23200	9 12	-13-						Form 990 (2022)

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9

ALDEA: ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	641,944.	641,944.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,932.	57,156.	8,793.	21,983.
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	30,558.	19,863.	3,056.	7,639.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	558.	362.	55.	141.
10	Payroll taxes	8,437.	5,484.	844.	2,109.
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting	8,989.		8,989.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	42,415.	27,466.	6,493.	8,456.
12	Advertising and promotion	12,1130	2771000		0,100
13		20,876.	7,571.	8,886.	4,419.
13 14	Office expenses	7,439.	2,212.	975.	4,252
		7,435.	2,212.	575.	4,2520
15	Royalties				
16		11,185.	8,389.	1,398.	1,398.
17	Travel	11,103.	0,309.	, J 5 0 •	I, J90.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 075	2 000	404	102
19	Conferences, conventions, and meetings	3,875.	2,908.	484.	483.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 255		1 255	
23	Insurance	1,355.		1,355.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	TOUR EXPENSE	57,940.	57,940.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	923,503.	831,295.	41,328.	50,880.
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)				

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Form 990 (2022)

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Form 990 (2022)

Form	990	(2022)

	n 990 (**_:	***6540 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	139,176.	1	20,477.
	2	Savings and temporary cash investments	238,365.	2	366,509.
	3	Pledges and grants receivable, net	33,029.	3	6,235.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	425,025.	11	463,912.
	12	Investments - other securities. See Part IV, line 11	220,649.	12	228,965.
	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 33)	1,056,244.	16	1,086,098.
	17	Accounts payable and accrued expenses	7,989.	17	9,313.
	18	Grants payable		18	
	19	Deferred revenue	19,220.	19	11,400.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,209.	26	20,713.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	744,064.	27	777,625.
Ba	28	Net assets with donor restrictions	284,971.	28	287,760.
pun		Organizations that do not follow FASB ASC 958, check here			
ŗ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	4 000 00-	31	
Ne.	32	Total net assets or fund balances	1,029,035.	32	1,065,385.
	33	Total liabilities and net assets/fund balances	1,056,244.	33	1,086,098.

Form **990** (2022)

232011 12-13-22

ALDEA:	ADVANCING	LOCAL	DEVELOPMENT	
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Form	1 990 (2022) THROUGH EMPOWERMENT AND ACTION	**_*/	**6540	Pag	_{je} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	932						
2	Total expenses (must equal Part IX, column (A), line 25)	2	923	· ·					
3	Revenue less expenses. Subtract line 2 from line 1	3		, 47					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,029	· ·	35. 78.				
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,065	, 38	35.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			`	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	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					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 494 At Go to www.irs.gov/		OMB No. 1545-0047							
Name of	the organizati	on ALDE	EA: ADVANCING LOCAL DEVELOPMENT						identification number			
Dell				RMENT AND ACT					*-**6540			
Part I				(All organizations must c			ee instructior	IS.				
The organ 1 2 3 4 5 5	A church, con A school des A hospital or A medical res city, and state	nvention of chi cribed in sect i a cooperative earch organiza e:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se hjunction with a hospital lege or university owned	in sectio 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	ii). n 170(b)(1)(A		- · · · ·			
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7 X 8 9	 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 											
10	 university:											
11 12 a b c	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 											
d	that is not f	unctionally int t (see instructi	egrated. The organiz	orting organization oper- ation generally must sati nplete Part IV, Sections	sfy a distri A and D,	ibution rec and Part	quirement and V.	I an attentiv	. ,			
e 🗌		-		written determination from nally integrated supportir			турет, туре	п, туре ш				
f Fnt	er the number											
		••	about the supporte									
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other			
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Total												

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Schedule A (Form 990) 2022 THROUGH EMPOWERMENT AND ACTION **-**6 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 170(b)(1)(A)(vi) 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	758,639.	673,859.	836,907.	756,622.	850,675.	3876702.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	758,639.	673,859.	836,907.	756,622.	850,675.	3876702.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						444,195.			
	Public support. Subtract line 5 from line 4.						3432507.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	758,639.	673,859.	836,907.	756,622.	850,675.	3876702.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	20,776.	15,595.	174.	12,584.	28,805.	77,934.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						3954636.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	144,690.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	86.80 %			
	Public support percentage from 2021					15	85.92 %			
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	lifies as a publicly s	supported organization	ition						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,			
	and if the organization meets the facts and circumstances 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 organization									
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
						Schedule A	(Form 990) 2022			

ALDEA: ADVANCING LOCAL DEVELOPMENT

Schedule A (Form 990) 2022

THROUGH EMPOWERMENT AND ACTION Part III Support Schedule for Organizations Described in Section 509(a)(2)

-*6540 Page 3

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

Section A. Pul	blic Support						
Calendar year (or fis	cal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants,	contributions, and						
membership	fees received. (Do not						
include any "	unusual grants.")						
merchandise formed, or fac any activity th	s from admissions, sold or services per- cilities furnished in nat is related to the s tax-exempt purpose						
are not an un	s from activities that related trade or bus-						
iness under s	ection 513						
ization's bene	levied for the organ- efit and either paid to						
or expended	on its behalf						
furnished by a	services or facilities a governmental unit to						
-	ion without charge						
	les 1 through 5						
	uded on lines 1, 2, and om disqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received squalified persons that r of \$5,000 or 1% of the for the year						
c Add lines 7a	and 7b						
8 Public suppo Section B. Tot	ort. (Subtract line 7c from line 6.)						
Calendar year (or fis	cal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	n line 6						
10a Gross income dividends, pa securities loa							
b Unrelated busir	ness taxable income						
(less section 5 ⁻ acquired after J	11 taxes) from businesses June 30, 1975						
	and 10b						
11 Net income fr activities not	om unrelated business included on line 10b, ot the business is						
or loss from t	e. Do not include gain he sale of capital in in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)						
14 First 5 years.	. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
Section C. Co	mputation of Publi	<u>c Support Per</u>	centage				
15 Public suppo	rt percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	rt percentage from 2021					16	%
Section D. Co	mputation of Inves	tment Income	Percentage			, <u>,</u>	
	come percentage for 20 come percentage from a					17 18	<u>%</u>
	come percentage from a				e 15 is more than 3		
	1/3%, check this box ar						
	port tests - 2021. If the	-	•				and
	more than 33 1/3%, che	-					
	dation. If the organization			-		-	
232023 12-09-22	adom in the organizatio		<u></u> 13				A (Form 990) 2022
			15	5		Conedule	

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

Yes No

Schedule A (Form 990) 2022 THR(Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

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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	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Jec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instantiation and the below)	struction		N
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization to which the example tion was reapposite?			
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3b		

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Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 THROUGH EMPOWERMENT AN	D ACTI	ON	**-***6540 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on	Nov. 20. 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	, -
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022	THROUGH	EMPOWERMENT	AND	ACTION		**-***6540 _Р
Pa	rt V Type III Non	n-Functionally Integra	ated 509(a)(3) Supp	ortinç	g Organizations	(continued	d)
Sect	ion D - Distributions						Current Year
1	Amounts paid to suppo	orted organizations to acco	mplish exempt purposes	3			1
2	Amounts paid to perfo	rm activity that directly furt	ners exempt purposes o	f suppo	rted		
	organizations, in exces	ss of income from activity					2
3	Administrative expense	es paid to accomplish exen	npt purposes of supporte	ed organ	nizations		3
4	Amounts paid to acqui	ire exempt-use assets					4
5	Qualified set-aside amo	ounts (prior IRS approval re	quired - provide details	n Part	VI)		5
6		scribe in Part VI). See instr					6
7	Total annual distribut	ions. Add lines 1 through 6	б.				7

Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6

Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

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Schedule A ((Form 990) 2022		EMPOWERM		DEVELOPMENT ACTION	**-**6540 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanatior c, 5a, 6, 9a, 9b, 9d art IV, Section E, li	ns required by c, 11a, 11b, a nes 1c, 2a, 2t	/ Part II, line 10; Part II, Ind 11c; Part IV, Section 5, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

-*6540

T.	HROUGH EMPOWERMENT AND ACTION
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation

ALDEA: ADVANCING LOCAL DEVELOPMENT

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total s

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

1		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			1

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Part I

(a)

No.

.

Employer identification number

(d)

Type of contribution

-*6540

(c)

Total contributions

Schedule B (Form 990) (2022)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

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20,000.

\$

Schedule B (F	⁻ orm 990)	(2022)
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Name of organization

Page 2 Employer identification number

ALDEA: ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION

-*6540

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZiP + 4	- \$\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	- \$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

10181113 788028 10270.5TX01

Part II	H EMPOWERMENT AND ACTION Noncash Property (see instructions). Use duplicate copies of P	**-**6540	
	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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223453 11-15-22

Schedule B (Form 990) (2022)

10181113 788028 10270.5TX01

2022.05000 ALDEA: ADVANCING LOCAL DE 10270.51

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule I	B (Form 990) (2022)				Page 4				
	organization				Employer identification number				
ALDEA	: ADVANCING LOCAL DEVELO	PMENT							
	GH EMPOWERMENT AND ACTIO				**-**6540				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				hat total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000) or less for the	e year. (Enter this info.	once.) \$				
	Use duplicate copies of Part III if additional s	pace is needed.	r						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
Part I		(c) Ose of gift		(0) Des	chption of now girt is field				
		(e) Transfer of	f gift						
			Па	lationabin of the					
	Transferee's name, address, ar		Re	nationship of tra	ansferor to transferee				
(a) No. from		())		() 5					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Iransferee's name, address, ar		Ke	elationship of tra	ansferor to transferee				
(a) No.		I							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
		(e) Transfer of	f gift						
	_		_						
	Transferee's name, address, ar		Re	elationship of tra	ansferor to transferee				
(a) No. from		I							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
		(e) Transfer of	f gift						
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of tra	ansferor to transferee				
	·								
223454 11-15	5-22				Schedule B (Form 990) (2022)				

10181113 788028 10270.5TX01

	HEDULE D		nization answered "Ye	s" on Form 990,		OMB No. 1545-0047
Departi	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	, 11a, 11b, 11c, 11d, 11 ttach to Form 990.	ie, 11f, 12a, or 12b	•	Open to Public
	Revenue Service	Inspection				
Nam	e of the organizatio			MENT		er identification number
Der		THROUGH EMPOWERMEN: tions Maintaining Donor Advise		Similar Euroda a		**-**6540
Par	_	answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts.	Complete if the
	organization	ranswered tes offform 990, Faitty, inf	(a) Donor advise		(b) Eurodo or	nd other accounts
	T . i . i . i . i . i . i .				(b) Funds a	
1		d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year			d fundo	
5	-	n inform all donors and donor advisors in v n's property, subject to the organization's	-			Yes No
6		n inform all grantees, donors, and donor a				
0	•	pses and not for the benefit of the donor o	v v			
		te benefit?	,	, i i	0	Yes No
Par		ation Easements. Complete if the org				
1		ervation easements held by the organization		3 0110111000,12		
•		of land for public use (for example, recreation	· · · · ·	Preservation of a	historically impo	ortant land area
		natural habitat		Preservation of a		
		of open space				
2		hrough 2d if the organization held a qualif	ied conservation contrib	ution in the form of	a conservation (easement on the last
~	day of the tax year.	o o .				d at the End of the Tax Year
а		nservation easements				
b						
c	•	ation easements on a certified historic stru	icture included in (a)			
		ation easements included in (c) acquired a			20	
u		sted in the National Register			2d	
3		ation easements modified, transferred, rel				a the tax
U	year		casca, extinguistica, or	terminated by the o	iganization duni	
4		 /here property subject to conservation eas	sement is located			
5		on have a written policy regarding the per		tion, handling of		
-		procement of the conservation easements it				Yes No
6	,	hours devoted to monitoring, inspecting,				
			0 <i>i</i>	Ū		ö ,
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservatio	on easements du	ring the year
		3 , 1 , 3 ,	5	3		5
8	Does each conserv	ation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)	(4)(B)(i)	
		4)(B)(ii)?				Yes No
9		e how the organization reports conservation				
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's	s financial statemen	ts that describes	s the
	organization's acco	ounting for conservation easements.	-			
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Tre	easures, or Oth	er Similar As	ssets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and	d balance sheet	works
	of art, historical trea	asures, or other similar assets held for pub	olic exhibition, education	n, or research in furt	herance of publi	с
	service, provide in I	Part XIII the text of the footnote to its finar	ncial statements that des	scribes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and ba	lance sheet work	ks of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, c	or research in furthe	rance of public s	service,
	provide the followin	ng amounts relating to these items:				
	(i) Revenue includ	led on Form 990, Part VIII, line 1			\$	
2	If the organization r	eceived or held works of art, historical trea				
	the following amou	nts required to be reported under FASB A	SC 958 relating to these	e items:		
а	Revenue included of	on Form 990, Part VIII, line 1			\$	
		Form 990, Part X				
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.		Sch	edule D (Form 990) 2022
	09-01-22					
			27			
L811	13 788028	10270.5TX01	2022.05000	ALDEA: ADV	ANCING L	OCAL DE 10270

10181113 788028 1027

^{2022.05000} ALDEA: ADVANCING LOCAL DE 10270.51

Sche		ADVANCING EMPOWERME					,	**_**	*6540	Pa	age 2
	t III Organizations Maintaining C					ther S					ige –
3	Using the organization's acquisition, accessi								Continu	eu)	
5	collection items (check all that apply):		is, check	any of the	ionowing that the	ike sigili	ncant c	13E 01 113			
а	Public exhibition		d 🗌		hange program						
b	Scholarly research				nange program						
c	Preservation for future generations										
1	Provide a description of the organization's co	alloctions and avalai	n how th	ov furthor th	o organization's	ovomnt	nurna	o in Dort	VIII		
4								se in Fan	<u> </u>		
5	During the year, did the organization solicit o								Yes] No
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran										No
1 41	reported an amount on Form 990, Pa		iete ii trie	organizatio	in answered res		111 990	, Part IV,	ine 9, or		
4											
та	Is the organization an agent, trustee, custodi		•								1
	on Form 990, Part X?						•••••	∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		<u> </u>
	Did the organization include an amount on F					•		L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four y	ears	back
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	i, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administered f	for the					
	organization by:	5							<u>ا</u>	/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0. Part IV	. line 11a. S	See Form 990. Pa	rt X. line	e 10.				
	Description of property	(a) Cost or o				, (c) Accu		Ч	(d) Book	value	
	Description of property	basis (invest		• •	(other)	. ,	ciation		(u) DOOK	value	
10	Land		·-···,	22010	(
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0.
iotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	<u>Uc.)</u>				D (7	000	
								Schedule	D (Form	990)	2022

	NCING LOCAL DE		
	OWERMENT AND A	CTION	**-***6540 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT MONEY MARKET			
(B) FUNDS	228,965.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	228,965.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	220,903.		
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	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 Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>∠ɔ.)</u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

ALDEA:	ADVANCING	LOCAL	DEVELOPMENT
THROUGH	I EMPOWERME	INT AND	ACTION

Sche	edule D (Form 990) 2022 THROUGH EMPOWERMENT AND ACTION	1	**_**	*6540 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W	/ith Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	959,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	a 26,878.		
b	Donated services and use of facilities 2t	b		
с		>		
d		k l		
е			2e	26,878.
3	Subtract line 2e from line 1		3	932,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	a		
b	Other (Describe in Part XIII.) 4	b		
с			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	932,975.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	923,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	a		
b	Prior year adjustments 2t	b		
с	Other losses 2d	>		
d	Other (Describe in Part XIII.) 20	k l		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	923,503.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	a		
b	Other (Describe in Part XIII.) 4	b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	923,503.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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.

232054 09-01-22

SCHEDULE F (Form 990)			ivities Outside the Un Inswered "Yes" on Form 990, Part IV,			OMB No. 1545-0047
Department of the Treasury	0	· ,–	Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization ALDEA: ADVANCI THROUGH EMPOWE	NG LOCAL	DEVELOPM	₁₉₉₀ for instructions and the latest ir	frormation.	Employer * * _ * *	Inspection identification number *6540
Part I General Inf	ormation on A	ctivities Out	side the United States. Comple	ete if the organ		
 Form 990, Par						
the grantees' eligibility	y for the grants or a	assistance, and t	ds to substantiate the amount of its gran the selection criteria used to award the g	grants or assis	tance?	X Yes No
United States.		C .	procedures for monitoring the use of its	•	her assistan	ce outside the
<u>a</u> Activities per Hegion. (a) Region	(The following Part (b) Number of offices in the region		 an be duplicated if additional space is needed. (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) 	(e) If actinits a pro describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments
CENTRAL AMERICA AND THE CARIBBEAN -						
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.			641,944.
3 a Subtotal	. 0	0				641,944.
b Total from continuation sheets to Part I	n	0				0.
c Totals (add lines 3a and 3b)	0	0				641,944.

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

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022 THROUGH EMPOWE

ALDEA: ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION

-*6540

Page **2**

Part II Grant

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	WATER AND SANITATION					
			PROJECTS INCLUDING					
			POTABLE WATER					
			SYSTEMS, SANITARY	641,944.	WIRE TRANSFER	٥.		
		, ,	,	,				
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country,	recognized as a tax			
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	vivalency letter	►		1
3 Enter total number of	other organizations o	or entities				►		
							Sched	ule F (Form 990) 2022

SEE PART V FOR COLUMN (D) DESCRIPTIONS

232073 10-17-22

ALDEA: ADVANCING LOCAL DEVELOPMENT

Schedule F (Form 990) 2022 THROUGH EMPOWERMENT AND ACTION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2022

Page 3

ALDEA:	ADVANCING	LOCAL	DEVELOPMENT
THROUGH	EMPOWERME	ENT AND	ACTION

Schedu	Ile F (Form 990) 2022 THROUGH EMPOWERMENT AND ACTION	**-***6540	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2:

THE ORGANIZATION ONLY GRANTS MONEY TO ASOCIACION BPD. THE FUNDS ARE TO

BE USED IN THE ORGANIZATION'S PROGRAM SERVICES. THE ORGANIZATION

RECEIVES REPORTS PROVIDING UPDATES AS TO HOW THE MONEY IS BEING USED AND

HOW MANY PEOPLE ARE BEING HELPED FROM THE GRANT FUNDS.

PART I, LINE 3:

Schedule F (Form 990) 2022

THE ORGANIZATION ACCOUNTS FOR EXPENDITURES FOR ACTIVITIES CONDUCTED IN

THE LISTED REGION USING THE ACCRUAL METHOD OF ACCOUNTING.

PART II, COLUMN (D):

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(D) PURPOSE OF GRANT: WATER AND SANITATION PROJECTS INCLUDING POTABLE

WATER SYSTEMS, SANITARY LATRINES, EFFICIENT VENTED STOVES, AND GRAY WATER

FILTERS; NUTRITION PROGRAMS INCLUDING EDUCATION, SUSTAINABLE AGRICULTURE,

AND FAMILY PLANNING; AND COMMUNITY MOBILIZATION PROGRAMS FOCUSED ON

EMPOWERMENT, LEADERSHIP DEVELOPMENT, AND ENGAGEMENT IN THE DEVELOPMENT

PROCESS FOR WOMEN, YOUTH, AND MEN.

232075 10-17-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ALDEA: ADVANCING LOCAL DEVELOPMENT THROUGH EMPOWERMENT AND ACTION



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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GUATEMALA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TO THEIR CHILDREN DURING THE FIRST 1,000 DAYS OF LIFE THROUGH EDUCATION

AND PROJECTS LIKE FAMILY GARDENS AND DAIRY GOATS; PROVIDING FAMILY

PLANNING METHODS AND INFORMATION; AND TRAINING WOMEN, YOUTH, MEN, AND

LOCAL AUTHORITIES IN LEADERSHIP DEVELOPMENT AND EMPOWERMENT SO THEY CAN

CONTINUE TO IMPROVE THEIR HEALTH AND WELLBEING AFTER OUR WORK TOGETHER

IS FINISHED.

FORM 990, PART VI, SECTION B, LINE 11B:

A FINAL DRAFT OF THE ORGANIZATION'S FORM 990 IS EMAILED TO ALL BOARD

MEMBERS FOR REVIEW AND FEEDBACK AT LEAST ONE WEEK BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL OF ITS DIRECTORS

AND OFFICERS. ANY DIRECTOR OR OFFICER WHO HAS A DIRECT OR INDIRECT

FINANCIAL INTEREST IS CONSIDERED AN INTERESTED PERSON. AN INTERESTED

PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN

THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS CONSIDERING

THE PROPOSED TRANSACTION. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON THE

TRANSACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization	ALDEA: ADVAN THROUGH EMPO			T	Employer identification number **-**6540
NY, AL, AK, AR, CA	,CO,CT,FL,GA	,HI,IL,KS,MH	E, MD, MA, MI	, MN , MS , NV , NI	H, NJ, NM, NC, ND, OH
OR, PA, RI, SC, TN	,VA,WA,WV,WI	, DC , KY , OK , UI	C		
FORM 990, PART	VI, SECTION	C, LINE 19:	:		
THE ORGANIZATI	ON MAKES ITS	GOVERNING I	DOCUMENTS,	CONFLICT O	F INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

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