Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	\pm 2023 calendar year, or tax year beginning SEP 1 , 2023 and ending	AUG 31, 2024			
	heck if pplicable	C Name of organization	D Employer identific	cation number		
	Addres					
	Name change	Doing business as	27-10603	25		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/st 2210 N CHARLES ST.	ite E Telephone numbe (443) 60			
	∟return/ termin- ated		G Gross receipts \$	723,049.		
	Ameno	, , , , , , , , , , , , , , , , , , , ,	H(a) Is this a group re			
	Application					
	pendin	⁹ 2210 N CHARLES ST NO 2, BALTIMORE, MD 212		=		
	ax-exe		─	list. See instructions		
	Vebsit	THE THE SPONSON THEMS ON	H(c) Group exemptio			
				M State of legal domicile: MD		
	art I	Summary		V		
σ.	1	Briefly describe the organization's mission or most significant activities: ${ t SEE \ \ SCHE}$	OULE O			
Governance						
ern	l .	Check this box if the organization discontinued its operations or disposed of m	ı	1		
Š	I	Number of voting members of the governing body (Part VI, line 1a)		8		
		Number of independent voting members of the governing body (Part VI, line 1b)		6 7		
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		7		
₹		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	l D	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year		
		Contributions and greats (Port VIII line 1h)	725,591.	711,849.		
ne	l	Contributions and grants (Part VIII, line 1h)	6,217.	11,200.		
Revenue		Program service revenue (Part VIII, line 2g)	0,217.	0.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	731,808.	723,049.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	731,000.	723,049.		
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,513.	239,616.		
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
e n	h ioa	Total fundraising expenses (Part IX, column (D), line 25)14,807.	•			
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	226,387.	190,634.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	506,900.	430,250.		
	I	Revenue less expenses. Subtract line 18 from line 12	224,908.	292,799.		
		Teveride 1656 experises. Cubirase line 16 front line 12	Beginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)	404,696.	728,077.		
Ass	21	Total liabilities (Part X, line 26)	0.	20,000.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	404,696.	708,077.		
Pa	rt II	Signature Block	•	•		
Und	er pena	lties of perjury, I declare that I haye examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is		
true,	correc	t, and co <u>mplete. D<mark>eclaration of p</mark>reparer (othe</u> r than officer) is based on all information of which prepa	arer has any knowledge.			
		rec with	3/25/25			
Sigi	n	Signature of officer	Date			
Her	е	UPASIKA MISS TREE TURTLE, EXECUTIVE DIRECTOR	AND BOARD CHA	IR		
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check Check	PTIN		
Paid	l	ERIN SINGLE, CPA ERIN SINGLE, CPA	03/14/25 self-employ			
	arer	Firm's name AVAIL ACCOUNTING & TAX GROUP INC	Firm's EIN 4	<u>6-2911679</u>		
Use	Only	Firm's address 303 INTERNATIONAL CIR T-128				
		COCKEYSVILLE, MD 21030	Phone no. 44	<u>3-982-1257</u>		
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No		
LHA	For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)		

ı u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
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? Yes X No
4	If "Yes," describe these changes on Schedule O. 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$
-	BY 2023, WISDOM PROJECTS' VIOLENCE PREVENTION PROGRAMMING ELIMINATED HOMICIDES AND SUICIDES AMONG THE ENROLLED POPULATION AND REDUCED
	COMMUNITY MEMBERS' EVICTIONS IN THE HOUSING PROJECTS TO JUST ONE, AND THIS IMPACT HAS BEEN MAINTAINED UNTIL THIS DAY. BY 2023, AFTER A HIGH
	OF 46 PERCENT, WISDOM PROJECTS' VIOLENCE PREVENTION PROGRAMMING REDUCED
	THE PERCENTAGE OF MONTHLY INCIDENTS OF DOMESTIC VIOLENCE AND INTIMATE-PARTNER VIOLENCE TO 13 PERCENT AND HOLDING. WHEN WE BEGAN OUR
	WORK, 42 PERCENT OF MIDDLE AND HIGH SCHOOL AGED YOUTH IN OUR
	PROGRAMMING HAD CONTACT WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEMS
	THROUGH ARREST OR CONVICTION. BY THE BEGINNING OF 2023, ONLY 4 PERCENT
	OF ENROLLED YOUTH WERE ARRESTED AND, SINCE 2020, NO YOUTH ENROLLEE HAS BEEN CONVICTED OF A CRIME.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
75	(Code) (Expenses #
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Expended
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 385,917.
	Form 990 (2023)

16020314 150345 WIS0325

Form 990 (2023) WISDOM PROJECTS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
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		X
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		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	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		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the United Obstaco	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	140		
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	4-		- v
40	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,			\ ₃₇
	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,"			l _
	complete Schedule G, Part III	19		X
20 a	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

332003 12-21-23

Form **990** (2023)

Form 990 (2023) WISDOM PROJECTS, INC.
Part IV Checklist of Required Schedules (continued)

	, and the state of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> X</u>
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		<u> </u>
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			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more trial \$25,000 in norcash contributions? If "Yes," complete Schedule M	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
OZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2.5.=
332004	¥ 12-21-23	Form	33 0	(2023)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h 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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2023)

If "Yes," complete Form 6069.

WISDOM PROJECTS, INC. 27-1060325 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 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. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	(This occion b requests information about policies not required by the memai nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	tana tana ang atau at	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	·	•	

MDList the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website X Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

UPASIKA MISS TREE TURTLE -443-615-1618

2210 N. CHARLES ST. NO 2, BALTIMORE

Form **990** (2023)

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

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

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

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

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

- 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position		Position do not check more than one			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer an	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Ler ar	lu a u	recto	i / ii us	ilee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Je.	,		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) UPASIKA MISS TREE TURTLE	40.00									
EXECUTIVE DIRECTOR AND BOARD CHAIR		Х		Х				83,231.	0.	0.
(2) DR. THEODORE RICHARDS	40.00									
CO-CEO & BOARD PRES THROUGH 5/24		Х		Х				62,100.	0.	0.
(3) TODD HOSKINS	3.00									
TREASURER		Х						0.	0.	0.
(4) MOLLIE DOWLING	3.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ARIANNE RICHARDS	3.00									
TREASURER		Х						0.	0.	0.
(6) SHARON WILLIAMS	3.00									
MEMBER		Х						0.	0.	0.
(7) LAURA OREM	3.00									
MEMBER		Х						0.	0.	0.
(8) FINN SCHUBERT	3.00									
BOARD MEMBER		Х						0.	0.	0.
			_				<u> </u>			
			_		_		<u> </u>			
										000

Form 990 (2023)

Form 990 (2023) WISDOM PROJECTS, INC. 27-1060325									325	Page 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,			jhes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	office of soot	not character and character an	ss per	nore t son is rector	than o s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estim amou oth comper from organiz and re	eated int of her hisation the zation
								145 221			
to a long to the compensation from the organization sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	I, Section A			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			145,331. 0. 145,331. eceived more than \$100,	0. 0. 0. 000 of reportable		0.
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commerced to the organization? Section B. Independent Contractors 	uch individual im of reportable 0,000? If "Yes, accrue compen	 e co " <i>coi</i> isatio	mpe mple on fr	ensatete Som a	tion Sche	and dule unre	oth J fo	ner compensation from the compensation from the compensation or individual and organization or individual compensation individual compensation from the compen	ne organization	3 4 5	X X X
Complete this table for your five highest core the organization. Report compensation for the organization for the organization. Report compensation for the organization of the organ	the calendar ye	ear e		ıg wi					ear.	(C) Compensa	ition
Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lim	nited	I to t	those		ted	above) who received mo	ore than	Form 99	0 (2023)

art viii Statement of Revenu	art VIII	Statement of Revenue
--------------------------------	----------	----------------------

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij g							
fts, Ar		9					
ig ig							
ns, Sim		e Government grants (contributions) 1e					
utio er (f All other contributions, gifts, grants, and	11 040				
현된			11,849.				
ont od (g Noncash contributions included in lines 1a-1f 1g \$		711 040			
<u>0 g</u>		h Total. Add lines 1a-1f		711,849.			
		 	Business Code	11 000	11 000		
9	2	a PROGRAM SERVICE FEES	611710	11,200.	11,200.		
e Ķ		b					
S		с					
am		d					
Program Service Revenue		e					
P		f All other program service revenue					
		g Total. Add lines 2a-2f		11,200.			
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	T T				
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a	· /				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		A Not reptal income or (loca)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′		(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ň		and sales expenses					
eve		c Gain or (loss)7c					
her Revenue		d Net gain or (loss)					
	8	a Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9	Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11	a					
ine Due		b					
Miscellaneous Revenue		c					
isc.		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		723,049.	11,200.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 126,438. 145,331. 13,080. 5,813. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 58,676. 51,048. 5,281. 2,347. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,776. 20,432. 1,839. 817. Other employee benefits 9 15,177. 13,204. 1,366. 607. 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,706. 6,094. 2,612. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 5,189. 5,189. Advertising and promotion 12 4,567. 3,470. 1,097. Office expenses 13 4,729. 4,256. 473. Information technology 14 15 Royalties 23,542. 20,482. 3,060. 16 Occupancy 1,665. 1,665. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 4,589. 3,992. 597. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 123,439. 123,439. SUPPLIES MEALS 5,851. 5,851. 5,769. 5,769. PROGRAM EVENTS DUES & SUBSCRIPTIONS 893. 893. 1,695. 1.540. 121. All other expenses 430,250. 385,917. 29,526. $\overline{14,807}$ Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Par	LA	Check if Schodule O centains a reasons or p	ata ta arri	line in this Dort V			
		Check if Schedule O contains a response or no	ote to any	IIII E III UIIS PART X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			54,696.	1	24,970.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			350,000.	3	696,190.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified per	nssons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
σ l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	6,917.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,365.			
	b	Less: accumulated depreciation		5,365.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			404,696.	16	728,077.
İ	17	Accounts payable and accrued expenses			-	17	20,000.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s l	22	Loans and other payables to any current or for					
iŧ		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
ٿ	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	ayables t	o related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	20,000.
		Organizations that follow FASB ASC 958, ch	eck here				
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
밀		Organizations that do not follow FASB ASC	958, che	ck here X			
띤		and complete lines 29 through 33.					
ο̈́	29	Capital stock or trust principal, or current fund		0.	29	0.	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	t fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			404,696.	31	708,077.
<u>B</u>	32	Total net assets or fund balances			404,696.	32	708,077.
	33	Total liabilities and net assets/fund balances			404,696.	33	728,077. Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	4,6	96.
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	1	0,5	82.
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	708	8,0	77.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	oasis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O.			
За	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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

WISDOM PROJECTS, INC. 27-1060325 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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	Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and					, ,				
	membership fees received. (Do not									
	include any "unusual grants.")	469,508.	400,340.	359,734.	725,591.	711,849.	2667022.			
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	469,508.	400,340.	359,734.	725,591.	711,849.	2667022.			
	The portion of total contributions		·			-				
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						2667022.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	469,508.	400,340.	359,734.	725,591.	711,849.	2667022.			
	Gross income from interest,					-				
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
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						2667022.			
	Gross receipts from related activities,	etc. (see instructio	ns)		•	12				
	First 5 years. If the Form 990 is for the	•				01(c)(3)				
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·						
Sec	ction C. Computation of Publi									
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))			<u>100.00 %</u>			
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	<u>100.00 %</u>			
16a	33 1/3% support test - 2023. If the d	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box				
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- 2022. If the orga	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	stances test, chec	ck this box and st	t op here. Explain in	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions				
						Schedule A	(Form 990) 2023			

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

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

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)===	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				Т	_	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	· —
8^	check this box and stop here	o Support Day	rcentage				<u> </u>
	•			. (4)		T .= T	
	Public support percentage for 2023 (I		•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from					18	——————————————————————————————————————
	a 33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar					- 4.5	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
00		
4a		
40		
415		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23

Par	t IV Supporting Organizations _(continued)			
			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		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruction		Na
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(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		
b	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,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	· ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	on 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	on 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part 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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).	. •		,

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

WISDOM PROJECTS, INC.

27-1060325

Organiza	ation type (check or	ne):						
Filers of	:	Section:						
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	O-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	theck if your organization is covered by the General Rule or a Special Rule . lote: 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							
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Special Rules							
X	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.							
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WISDOM	PROJECTS,	INC
--------	-----------	-----

27-1060325

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	TIDES FOUNDATION 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129-1755	\$\$	Person X Payroll			
(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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Nume, address, and 2n +4	\$	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.)			
(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) (2023) Page **3**

Name of organization

Employer identification number

WISDOM PROJECTS, INC.

27-1060325

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
		 \$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** WISDOM PROJECTS, INC. 27-1060325 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WISDOM PROJECTS, INC.

Employer identification number 27-1060325

Par	t I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		*
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive $\frac{1}{2}$	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose o	conferring
D :			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (for example, recreation	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
_			4.
b			
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acquired	· · · · · · · · · · · · · · · · · · ·	04
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	a, extinguished, or terminated by the	organization during the tax
4	year	ent in language	
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand		
Ū	Ctan and volunteer riedle devoted to monitoring, inspecting, name	aming of violations, and officing cons	orvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservat	ion easements during the year
-	Tancan or or prince meaned in memoring, mepeering, manamig	o	ion successes during and your
8	Does each conservation easement reported on line 2d above satisfied above sati	sfv the requirements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of Art	t, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$ <u></u>
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB ASC 9	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2023

Par	LIII	Organizations Maintaining C	ollections of An	i, Histor	icai ire	asures, or Oti	ier S	ımııar	Assets	(conti	าued)	
3	Using t	the organization's acquisition, accessi	on, and other records	s, check a	ny of the f	ollowing that make	e signi	ficant u	ise of its			
	collect	ion items (check all that apply).										
а	F	Public exhibition	d	Lo	an or exc	hange program						
b		Scholarly research	е	L Ot	:her							
С	F	Preservation for future generations										
4	Provide	e a description of the organization's co	ollections and explain	how they	further th	e organization's e	xempt	purpos	se in Part	XIII.		
5	•	the year, did the organization solicit of		•		•				_	_	_
		old to raise funds rather than to be ma								Yes		No
Par		Escrow and Custodial Arran		te if the or	ganization	answered "Yes"	on For	m 990,	Part IV, li	ne 9, or		
		reported an amount on Form 990, Pa	*									
1a		organization an agent, trustee, custodi		•						_	_	_
		m 990, Part X?							L	」Yes		_ No
b	If "Yes	," explain the arrangement in Part XIII	and complete the fol	lowing tab	le:							
										Amoun	t	
	_	ing balance						1c				
d		ons during the year						1d				
е		utions during the year						1e				
f		balance						1f				
		e organization include an amount on F					-		L	」Yes	닏	∐ No
		," explain the arrangement in Part XIII.										
Par	ιv	Endowment Funds Complete if				i e	$\overline{}$	Throny	aara baali	(a) Fau		haalı
			(a) Current year	(b) Pric	or year	(c) Two years bac	(a)	Tillee y	ears back	(e) Fou	years	Dack
1a		ing of year balance										
b		outions										
С		restment earnings, gains, and losses										
d		or scholarships										
е		expenditures for facilities										
_		ograms										
f		strative expenses										
g		year balance				<u> </u>						
2		e the estimated percentage of the curr	•		column (a)) held as:						
a		designated or quasi-endowment		_%								
b		nent endowment										
С			.%									
_	•	rcentages on lines 2a, 2b, and 2c sho	•									
Зa		ere endowment funds not in the posse	ssion of the organiza	tion that a	ire neid ar	ia administered to	rtne			1	Yes	No
	•	zation by:								20(1)	163	140
		related organizations?lated organizations?								3a(i)		\vdash
h		on line 3a(ii), are the related organiza	tions listed as requir							3a(ii) 3b		\vdash
4		oe in Part XIII the intended uses of the								SD		
Par		Land, Buildings, and Equipm		WITHELLE TULL	us.							
		Complete if the organization answere		. Part IV. li	ine 11a. S	ee Form 990. Part	X. line	10.				
		Description of property	(a) Cost or o		(b) Cost			ımulate	-d	(d) Boo	k valu	
		Description of property	basis (investr				•	ciation	iu	(a) 500	n valu	C
12	Land		- ` ` 	,								
		gs	I									
		nold improvements										
		nent		365.				5,36	55.			0.
	Other .	nent.						-,-				
		nes 1a through 1e. (Column (d) must e		X line 10c	column	/R))						0.
	. , .GG III	Column (a) must e	gaar om 330, Fall	<u>, mie 100</u>	. colullil				Schodulo	D (Form	2000	

Schedule D (Form 990) 2023 WISDOM PROJ	ECTS, INC.	2	7-1060325 Page
Part VII Investments - Other Securities			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
-	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Безоприоп		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			+

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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) 2023

(8) (9)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WISDOM PROJECTS, INC.

Employer identification number 27-1060325

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WISDOM PROJECTS (OFFICIALLY, WISDOM PROJECTS, INC. DOING-BUSINESS-AS THE BALTIMORE WISDOM PROJECT) IS A 15-YEAR-OLD SECULAR 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO PEACE, SAFETY, AND EQUALITY FOR OUR COMMUNITY EDUCATING, ORGANIZING LOW-INCOME YOUTH AND FAMILIES. AND HEALING PREVENTS VIOLENCE, ELEVATED BEHAVIORAL WELLNESS, AND ENDS SINCE 2029, OUR PROGRAMS (HELD SIX-DAY-A-WEEK INEQUALITY. ANNUALLY, MONDAY THROUGH SATURDAY) HAVE ELIMINATED HOMICIDES AND SUICIDES AMONG APPROXIMATELY 125 ENROLLEES IN EAST BALTIMORE, AND DRASTICALLY REDUCED RATES OF DOMESTIC VIOLENCE, EVICTION, SCHOOL SUSPENSION, AND GUN POSSESSION, WHILE UPLIFTING COMMUNITY MEMBERS' ACCOUNTABILITY WHEN MAKING MISTAKES, AND THEIR COPING SKILLS WITH PTSD, POVERTY, ANXIETY STRESS, AND DEPRESSION. WISDOM PROJECTS HAS SIX PROGRAMS: YOUTH PEACEMAKERS PROGRAM; 2. PARENT PEACEMAKERS PROGRAM; 3. STEM & HEALING ARTS PEACEMAKING PROGRAM; 4. SUMMER PEACEMAKING CAMP; 5. PLANET PROTECTORS LABORATORIES; 6. CONFLICT RESOLUTION EDUCATION AND SERVICES. WHAT MAKES OUR WORK STAND OUT IS THAT IT IS CO-LED BY TRAINED COMMUNITY MEMBERS THEMSELVES. IN OUR "COMMUNITY-PARTICIPATORY APPROACH" ENROLLEES RECEIVE ONGOING TRAINING IN DE-ESCALATION, TRAUMA-INFORMED CONFLICT RESOLUTION, RESTORATIVE JUSTICE AND SOCIAL AND EMOTIONAL LEARNING WHILE WORKING AS COMMUNITY HEALTH WORKERS THAT WE PEACEMAKERS. THEY ALSO RECEIVE LIMITED WRAP-AROUND SUPPORT PHONE ASSISTANCE, RENTAL ASSISTANCE, GROCERIES ASSISTANCE).

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

OFFICERS DISTRIBUTE A COPY OF THE 990 ELECTRONICALLY FOR APPROVAL BY BOARD For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization WISDOM PROJECTS, INC. Employer identification number 27-1060325

MEMBERS PRIOR TO FILING

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

(A) EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS MUST DISCLOSE THE

CONFLICT/POTENTIAL CONFLICT IMMEDIATELY UPON ANNOUNCEMENTS OR UPDATES ABOUT

ACTIVITIES, OPERATIONS, PROGRAMMING, AND/OR PARTNERSHIPSAT STAFF MEETINGS

OR QUARTERLY BOARD MEETINGS; (B) EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS

MUST DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST

IMMEDIATELY AS SOON AS POSSIBLE;; (C) EMPLOYEES, BOARD MEMBERS, AND

VOLUNTEERS MUST NOT PURSUE INVOLVEMENT OR DECISION-MAKING OF ANY KIND OF

BEHLF OF OR WITHIN THE ORGANIZATION IF THERE IS A CONFLICT OF INEREST OR

POTENTIAL OF A CONFLICT OF INTEREST. INTERESTED BOARD MEMBERS ARE

PROHIBITIED FROM VOTING ON ANY MATTER IN WHICH THERE IS A CONFLICT; AND (D)

EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS MUST NOT CONTINUE ANY INVOLVEMENT

WITH ENTITIES OR PEOPLE (EITHER FOR RENUMERATION OR NOT) THAT INVOLVES

CONFLICT OF INTEREST WHILE PART OF OUR NONPROFIT.

FORM 990, PART VI, SECTION B, LINE 15:

TOP MANAGEMENT'S COMPENSATION IS REVIEWED ANNUALLY AND IF A CHANGE IS TO BE

MADE IN THE AMOUNT OF THE EXECUTIVE DIRECTORS/CEOS COMPENSATION BY THE

BOARD OF THE ORGANIZATION BASED ON AN INDEPENDENT REVIEW, COMPARABILITY

DATA, AND CONTEMPERANEOUS, SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THESE AVAILABLE BY REQUEST TO THE ORGANIZATION'S DIRECTORS.