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

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	pprox 2022 calendar year, or tax year beginning $~$ SEP $~$ 1 $,~$ $~$ 2 0 2 2 $~$ and ending	g Al	JG 31, 2023		
B c	heck if pplicabl	C Name of organization		D Employer identifi	cation number	
	Addre					
	Name chang	Doing business as		27-10603	25	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numbe		
	Final return	2210 N CHARLES ST. 2		(443) 60		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	731,808.	
	Ameno return	BALIIMORE, MD ZIZIO		H(a) Is this a group r	eturn	
	Application	F Name and address of principal officer: OFASIKA MISS IKEE IOKI		for subordinates	s? Yes X No	
	pendir	¹⁹ 2210 N CHARLES ST NO 2, BALTIMORE, MD 21	21	H(b) Are all subordinates i	ncluded? Yes No	
1 7	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemption		
			. Year of	f formation: 2010 i	M State of legal domicile: IL	
Pa	art I	Summary				
ø)	1	Briefly describe the organization's mission or most significant activities: REIMAG				
Governance		REIMAGINE THE WORLD BY ENHANCING THE LIVES O	F Y	OUTH AND AD	ULTS WITH	
ž.	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of its net as	1	
Š	3	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	
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			11	
ξ		Total number of volunteers (estimate if necessary)			0	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
Revenue				Prior Year	Current Year	
	l	Contributions and grants (Part VIII, line 1h)		359,734.	725,591.	
	l	Program service revenue (Part VIII, line 2g)		14,677.	6,217.	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,399.	731 000	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		379,810.	731,808.	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	I	Benefits paid to or for members (Part IX, column (A), line 4)		250,334.	280,513.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		230,334.	200,313.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 13,248.		0.	0.	
ᄶ	_D			187,053.	226,387.	
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		437,387.	506,900.	
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-57,577.	224,908.	
_ <u>c</u>		Revenue less expenses. Subtract line 16 from line 12	Ren	inning of Current Year	End of Year	
Assets or d Balances	20	Total assets (Part X, line 16)	Dog	173,788.	404,696.	
ASSE	21	Total liabilities (Part X, line 26)		0.	0.	
Net/		Net assets or fund balances. Subtract line 21 from line 20		173,788.	404,696.	
	rt II	Signature Block	-			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemen	its, and to the best of m	v knowledge and belief, it is	
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,	
		rec urtle	•	6/26/24		
Sigi	n	Signature of officer		Date		
Her		UPASIKA MISS TREE TURTLE, CO-CEO & BOARD VIC	E PI	RESIDENT		
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Da	check [PTIN	
Paid		ERIN SINGLE, CPA ERIN SINGLE, CPA	0 6	5/26/24 if self-emplo	P00818662	
Prep	arer	Firm's name AVAIL ACCOUNTING & TAX GROUP INC			6-2911679	
Use Only Firm's address 303 INTERNATIONAL CIR T-128						
		COCKEYSVILLE, MD 21030		Phone no. 4 4	3-982-1257	
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Form	990 (2022) WISDOM PROJECTS, INC.	27-1060325	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_	•		21
1	Briefly describe the organization's mission:	AT CDOM DDO TOC	_
	THE MISSION OF WISDOM PROJECTS, INC. AND THE BALTIMORE		
	(BWP) IS TO REIMAGINE EDUCATION AND REIMAGINE THE WORLD		
	THE LIVES OF YOUTH AND ADULTS WITH HOLISTIC EDUCATION, :	INTERCULTURAL	
	UNDERSTANDING, PEACEMAKING, AND ANTI-OPPRESSIVE, LIBERAY	TIONIST THOUG	HT
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		□v _{**}	X No
	prior Form 990 or 990-EZ?	Yes	L∆ NO
	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 Yes	X No
	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	s measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
		ers, trie total expenses, al	iiu
	revenue, if any, for each program service reported.		04.5
4a			<u>217.</u>)
	COMMUNITY-BUILDING AND MOVEMENT-ORGANIZING FOR VIOLENCE	PREVENTION,	
	HEALTH, SAFETY, AND WELLNESS IN OUR MCKIM CENTER PROGRAI	M (CURRENTLY	
	ACTIVE):		
	•	NO. NONTITOI EN	m
	1. TRAUMA-INFORMED HEALING SERVICES (I.E., PEACE-BUILDII		
	CREDIBLE MESSAGING; DE-ESCALATION; CONFLICT TRANSFORMAT	ION; COMMUNIT	Υ
	COUNSELING; MINDFULNESS);		
	2. STEM, CIVICS, CULTURAL AND ARTS EDUCATION (I.E., LIF	E SCIENCE;	
	ENVIRONMENTAL JUSTICE; ENGINEERING; CIVIC/CULTURAL STUD		
	3. INSTITUTIONAL SUPPORT (I.E., FOOD SERVICE (IF APPLICA		
		<u> </u>	DOB
	CONSULTATIONS FOR EQUITY, SAFETY, FUNDRAISING, INFRASTRU	JCTURAL/RESOU.	RCE
	IMPROVEMENTS).		
4b	(Code:) (Expenses \$ 144,064. including grants of \$) (Rev	enue \$)
	THE JOURNEYMAKERS YOUTH PROGRAM AND THE PEACEMAKERS ADU		/
	TRANSFORM SELECT YOUTH AND PARENTS/GUARDIANS INTO PEACE		
			ONTE
	AFTER INTENSIVE TRAINING, THE YOUTH AND ADULTS (WHO LIVE		
	TO VIOLENCE) SHARE PRACTICES OF DE-ESCALATION, CONFLICT		ON,
	AND TRAUMA-INFORMED CARE WITH THEIR FAMILY MEMBERS, PEE	RS, AND	
	NEIGHBORS. OFTEN YOUTH AND FAMILIES IN NEIGHBORHOODS MAI	RKED BY VIOLE	NCE
	ARE ERRONEOUSLY LABELED AS "TROUBLEMAKERS." THESE TWO PI	EACE AMBASSAD	OR
	PROGRAMS COUNTERACT THIS MISLABELING BY EMPOWERING YOUT		
	TO BE NEIGHBORHOOD LEADERS FOR PEACE.		
	TO BE NEIGHBORHOOD HEADERS FOR TEACE.		
4c	(Code:) (Expenses \$) (Revi	enue \$	
	THOUGHT LEADERSHIP, MONTHLY MINDFULNESS FOR THE PUBLIC,		
	COMMUNITY HEALING FOR THE PUBLIC: EACH MONTH, WISDOM PRO		
	OFFERS INSIGHTFUL ARTICLES ON HEALING AND JUSTICE IN OU		
			'
	MAGAZINE EDITED AND CURATED BY DR. THEODORE RICHARDS; EX		
	CONVERSATIONS ON HEALING AND JUSTICE IN OUR REIMAGINING		
	PRODUCED, AND CURATED BY DR. THEODORE RICHARDS; FREE PU	BLIC VIRTUAL	OR
	IN-PERSON MONTHLY MINDFULNESS SESSIONS FOR PEACE AND RE	LAXATION CURA	TED
	AND HOSTED BY UPASKIKA MISS TREE TURTLE AND STAFF; FREE		
		TOBBIC VIKTO	Λυ
	AND TELEPHONIC COMMUNITY AND PEER COUNSELING.		
			
4d	Other program services (Describe on Schedule O.)		
		1	
4-	440 400	1	
40	Total program service expenses 442,192.		

Form **990** (2022)

4e Total program service expenses

Form 990 (2022) 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	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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?			٦,
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	•	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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> </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		<u> </u>
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		<u> X</u>
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
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
_		_		_

			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
	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		
	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			٠.,
	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%	l		٦,
	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	00-		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
C	•	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$23,000 in hor-cash contributions? If "Yes," complete schedule M	29		122
30		30		x
31	contributions? If "Yes," complete Schedule M 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? <i>If</i> "Yes," <i>complete</i>	"		
52	, 1	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		
55	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	00		
٠,	Part V, line 1	34		x
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	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			
	(gambling) winnings to prize winners?	1c		

232004 12-13-22

Form	990 (2022) WISDOM PROJECTS, INC. 27-1060	325	P	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2022)

17

If "Yes," complete Form 6069.

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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. X 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 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ MD , $\,$ I L 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 X Another's website ___ Other (explain on Schedule O) Own 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, MD

Form **990** (2022)

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)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per	box	unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ualtn	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) UPASIKA MISS TREE TURTLE	40.00	_	_			1 0				
CO-CEO & BOARD VICE PRESID		Х		Х				78,347.	0.	0.
(2) DR. THEODORE RICHARDS	40.00									
CO-CEO & BOARD PRESIDENT		Х		Х				74,547.	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	1								_
TREASURER		Х						0.	0.	0.
(6) SHARON WILLIAMS	3.00	ļ								
MEMBER	2 22	Х						0.	0.	0.
(7) LAURA OREM	3.00	ļ								
MEMBER	2 22	Х						0.	0.	0.
(8) FINN SCHUBERT	3.00								•	•
BOARD MEMBER		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		1								
										000

Form 990 (2022)

Form 990 (2022) WISDOM PF	ROJECTS,	I	NC						27-1060	325	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	es,			hest	C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	offic offic box,	not ch unles	s pers	tion nore the son is rector	Highest compensated han or a poth a complex compensated employee	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 organiz	ated nt of er nsation the zation
								150.004			
Total from continuation sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	, Section A				·····			152,894. 0. 152,894. ceived more than \$100,	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •		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 in the line of the organization of the line of the li	uch individual m of reportable 1,000? If "Yes, ccrue compen	e coi " <i>coi</i> isatio	mpe mple on fro	nsat ete S om a	ion a checany u	and o dule unrel	oth J fo	er compensation from to or such individual d organization or individ	ne organization	3 4 5	X X X
Complete this table for your five highest core the organization. Report compensation for to (A) Name and business	he calendar ye	ear e		g wi					ear.	(C) Compensa	tion
Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lim	nited	to t	hose 0		ed	above) who received mo	ore than	Form 990	0 (2022)

13020626 150345 WIS0325

it viii Statement of neven	t VIII	Statement of Revenue
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			Check if Schedule O con	itains a	response	or note to any lin	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	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
ij g			Membership dues		1c					
fts, Ar			Fundraising events		1d					
ig ig			Related organizations							
ns, Sim			Government grants (contribu		1e					
utio er (Ť	All other contributions, gifts, gra			705 501				
현된			similar amounts not included ab			725,591.				
ont od (_	Noncash contributions included in lines	s 1a-1f	1g \$		705 501			
<u>0 g</u>		h	Total. Add lines 1a-1f				725,591.			
					_~	Business Code	6 04 5	6 01 5		
e	2	а	PROGRAM SERVICE	S FE	ES	611710	6,217.	6,217.		
e Ķ		b								
S		С								
am		d								
Program Service Revenue		е								
P		f	All other program service rev	enue .						
		g	Total. Add lines 2a-2f				6,217.			
	3		Investment income (including							
	4		Income from investment of ta							
	5		Royalties		-					
					(i) Real	(ii) Personal				
	6	а	Gross rents6	a 🗀	.,	. ,				
			Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)	•						
			Gross amount from sales of		Securities	(ii) Other				
	′	а		<u> </u>	3000HH00	(ii) Guiloi				
		L	· ·	<u> </u>						
o o		D	Less: cost or other basis	_						
ž			and sales expenses							
eve			Gain or (loss)7							
her Revenue			Net gain or (loss)							
	8	а	Gross income from fundraising 6	-						
Ò			including \$		-					
			contributions reported on line	•						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from fun			·····				
	9	а	Gross income from gaming a							
			Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gar	ming ac	ctivities					
	10	а	Gross sales of inventory, less	s return	ıs					
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sal							
						Business Code				
sno	11	а								
ne Due		b								
Miscellaneous Revenue		С								
<u>sc</u>			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				731,808.	6,217.	0.	0.

Check if Schedule C contains a response or note to any line in this Part IX	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).							
Total expenses Program service Program ser												
Grants and other assistance to domestic enginations and domestic comments. 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 other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 11 and 16 Grant IV, line 17 Grant IV, lin		, , , , , , , , , , , , , , , , , , , ,	(A) Total expenses	Program service	(C) Management and general expenses	Fundraising						
2 Grants and other assistance to domestic inclividuous. See Part IV, line 22 3 Grants and other assistance to toreign organizations, foreign governments, and foreign inclividuous. See Part IV, line 25 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation inclined above to disqualified persons (seatched in earlier and contributions (include section 4988(r) (1) and persons officers and contributions (include section 4980) (and 40(6) employees contributions (include section 4980) (and 40(6) employee formithicitions) 9 Other employee benefits 10 Payroll taxes 119,163. 16,672. 1,725. 766. 11 Fees for services (incentification of the propose benefits) 126,057. 22,670. 2,345. 1,042. 127 Payroll taxes 119,163. 16,672. 1,725. 766. 13 Fees for services (incentification) 14 Lobbyring 15 Payroll taxes 16 Capture (incentification) 16 Provisional fundralising services. See Part IV, line 17 investment management fees 17 Investment management fees 18	1	Grants and other assistance to domestic organizations										
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 4 Benefits paid to refor members 5 Compensation of current officers, directors, trustees, and key employees 152,893. 133,017. 13,761. 6,115. 6,115. 6 Compensation of included above to disqualified persons (as defined under section (9850)(1)) and persons described in section 4956(x)(3)(8) 7 Other salaries and wages 82,400. 71,688. 7,416. 3,296. 82,400 Pensione plan acrusis and contributions (include section 401(4) and 40(9)) employer committees 26,057. 22,670. 2,345. 1,042. 10 Payroli taxes 19,163. 16,672. 1,725. 766. 19,163. 16,672. 1,725. 766. 10 Payroli taxes 19,163. 16,672. 1,725. 766. 10 Payroli taxes 11,964. 11,9		and domestic governments. See Part IV, line 21										
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16 Occupancy 22,985. 19,997. 2,988. 17 Travel 2,189. 2,189. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 90 Conferences, conventions, and meetings 90 Interest 20 Interest 90 Interest 90 Payments to affiliates 90 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 4,899. 4,262. 637. 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.) 92,225. 92,225. a SUPPLIES 92,774. 9,774. 9,774. c DUES & SUBSCRIPTIONS 8,482. 8,482. d MEALS 2,956. 2,956. e All other expenses 4,139. 3,746. 367. 26. 25 Total functional expenses. Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 506,900. 442,192. 51,460. 13,248.			3,313.	4,904.	331.							
17 Travel 2,189. 2,189. 189. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 31 Insurance 32 Other expenses. Itemize expenses on tine 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUPPLIES 5 PROGRAM EVENTS 9,774. 9,774. c DUES & SUBSCRIPTIONS 4 MEALS 2,956. 2,956. c All other expenses Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248. 248. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		I	22 085	10 007	2 099							
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 2 BYPPLIES 2 PROGRAM EVENTS 2 DUES & SUBSCRIPTIONS 3 MEALS 4 All other expenses 4 All other expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					2,300.							
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 28 SUPPLIES 29 DUES & SUBSCRIPTIONS 30 MEALS 40 MEALS 40 MEALS 40 Other expenses 41 139			2,109.	2,109.								
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a SUPPLIES b PROGRAM EVENTS c DUES & SUBSCRIPTIONS d MEALS e All other expenses 4, 139. 3, 746. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18											
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Depreciation, depletion, and amortization 596												
23 Insurance 4,899. 4,262. 637. 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.) a SUPPLIES 92,225. 92,225. b PROGRAM EVENTS 9,774. 9,774. c DUES & SUBSCRIPTIONS 8,482. 8,482. d MEALS 2,956. 2,956. e All other expenses 4,139. 3,746. 367. 26. 25 Total functional expenses. Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			596	519	77.							
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a SUPPLIES b PROGRAM EVENTS c DUES & SUBSCRIPTIONS d MEALS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.												
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MEALS e All other expenses Total functional expenses. Add lines 1 through 24e 2,956. 2,956. 2,956. 3,746. 367. 26. 25 Total functional expenses. Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248.	_											
e All other expenses 4,139. 3,746. 367. 26. 25 Total functional expenses. Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_											
Total functional expenses. Add lines 1 through 24e 506,900. 442,192. 51,460. 13,248. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					367.	26.						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.												
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			,	,	,	,						
educational campaign and fundraising solicitation.	=	. ,										
		, , , ,										
		Check here if following SOP 98-2 (ASC 958-720)										

Form **990** (2022)

13020626 150345 WIS0325

Part .	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			173,192.	1	54,696
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3	350,000	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	5,365.			
	b	Less: accumulated depreciation	. 10b	5,365.	596.	10c	0
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, line	e 11			12	
1	13	Investments - program-related. See Part IV, lin		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
1	6	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	173,788.	16	404,696
1	17	Accounts payable and accrued expenses		17			
1	8	Grants payable		18			
1	9	Deferred revenue		19			
2	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ဖ္မ 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ab ab		controlled entity or family member of any of the				22	
- 2	23	Secured mortgages and notes payable to unre				23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			0.	26	0
ړ		Organizations that follow FASB ASC 958, cl	neck her	e 🗀			
၌	_	and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions				27	
<u> </u>	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here X			
-		and complete lines 29 through 33.			^		^
န္မ 2	29	Capital stock or trust principal, or current fund			0.	29	0
88 3 -	30	Paid-in or capital surplus, or land, building, or			172 700	30	104 606
ا ب	31	Retained earnings, endowment, accumulated			173,788.	31	404,696
_	32	Total net assets or fund balances			173,788.	32	404,696
3	33	Total liabilities and net assets/fund balances			173,788.	33	404,696 Form 990 (202

Par	t 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		1,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,9				
3	Revenue less expenses. Subtract line 2 from line 1	3		4,9 3,7				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		6,0	00.			
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	40	4,6	96.			
Par	t 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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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	audit.						
	review, or compilation of its financial statements and selection of an independent accountant?	·	2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
				990	(2022)			

232012 12-13-22

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WISDOM PROJECTS, 27-1060325 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	`,	` ,	` ,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	146,872.	469,508.	400,340.	359,734.	725,591.	2102045.
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	146,872.	469,508.	400,340.	359,734.	725,591.	2102045.
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)						
	Public support. Subtract line 5 from line 4.						2102045.
Sec	tion 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	146,872.	469,508.	400,340.	359,734.	725,591.	2102045.
8	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						2102045.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						100 00
	Public support percentage for 2022 (I						100.00 %
	Public support percentage from 2021						100.00 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

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						
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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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	A 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.)						
	ction B. Total Support	Γ	T		1	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•		
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I		•			15	<u>%</u>
<u>16</u>	Public support percentage from 2021					16	%
	ction D. Computation of Inves					ΤΤ	
	Investment income percentage for 20					17	<u>%</u>
18	,					18	7 in not
198	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
r.	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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V-- N-

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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232024 12-09-22

Pai	TIV 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?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sec	tion B. Type I Supporting Organizations		1	
			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 englineations and must contain on received engline to each period adming 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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	<u>- </u>		
	and or type it capperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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			
		1		
Sec	tion D. All Type III Supporting Organizations			
	<i>7.</i> 1, 3 3		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			
	, ,	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			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc			
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			
	That these delivines constituted casestantially an orne delivines.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	h		
•		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	The second details in	la		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Bb		
	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		d Type III supporting orga	nization (see
	instructions).	. •		,

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

WISDOM PROJECTS, INC. 27-1060325 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization			
rganization type (check one): illers of: Section: orm 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 orm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation heck if your organization is covered by the General Rule or a Special Rule. ote: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. eneral 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.			
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		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Note: Only a section 501		ule. See instructions.	
General Rule			
Special Rules			
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one	
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, s ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	cientific,	
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled represent her the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because in the label, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>	
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PI ling requirements of Schedule B (Form 990).		

Schedule B (Form 990) (2022)

Name of organization Employer identification number

WISDOM	PROJECTS,	INC
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27-1060325

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional 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
		\$	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 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.)

Schedule B (Form 990) (2022) 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
		<u> </u>	
(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
		<u></u>	
(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 R (Form 990) (2022)

Schedule B (Form 990) (2022) 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

223454 11-15-22

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

Employer identification number 27-1060325

	WISDOM PROJECTS, INC.	27-1060325
Par		r 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 that the assets held in donor advised	d funds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	
	impermissible private benefit?	
Par		
4		artiv, mie 7.
'	Purpose(s) of conservation easements held by the organization (check all that apply).	historically important land area
		historically important land area
		certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er 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, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	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	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	,,
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
" "		COLICIANIS D (1 OI III OCC) ZUZZ

		ROJECTS, 1							60325		age 2
Pai	rt III Organizations Maintaining Col	lections of Art	t, Histo	orical Tre	asures, or	Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession,	, and other records	s, check	any of the f	ollowing that	make siç	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how th	ey further th	e organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations o	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be main	tained as part of th	ne organ	nization's col	llection?			\square	Yes		No
Pai	rt IV Escrow and Custodial Arrange							art IV, I	ine 9, or		
	reported an amount on Form 990, Part X										
	Is the organization an agent, trustee, custodian	or other intermedi	iary for c	contributions	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
		·							Amount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Forn						v?		Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch						,				j
	rt V Endowment Funds. Complete if the						O.				
		(a) Current year		rior year	(c) Two year		d) Three year	rs back	(e) Four	years	back
1a	Beginning of year balance	-		-							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren	t vear end halance	line 1c	r column (a)) held as:	<u>_</u>					
a	Board designated or quasi-endowment	•	%	,, ooiaiiii (a)	y mora ao.						
b	Permanent endowment	%									
c	Term endowment %	<u> </u>									
·	The percentages on lines 2a, 2b, and 2c should	l equal 100%									
3a	Are there endowment funds not in the possessi		tion that	t are held ar	nd administer	ed for the	2				
ou	organization by:	on or the organiza	tion tha	t are ricia ar	ia aariii iiotor	ou for the	•		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ne lieted as require	ed on So	chedule R2					3b		
4	Describe in Part XIII the intended uses of the or								COD		
	rt VI Land, Buildings, and Equipmer	•	WITICITE	urius.							
	Complete if the organization answered "		, Part IV	/, line 11a. S	ee Form 990	Part X, I	ine 10.				
	Description of property	(a) Cost or of		<u>, </u>	or other	· · ·	cumulated		(d) Bool	c valu	
	besomption of property	basis (investm		. ,	(other)		reciation		(4) 500	valu	Ü
12	Land	 	,		` '						
b	Buildings										
C	Leasehold improvements							\top			
			365.				5,365	5.			0.
u	Equipment						5,505				<u> </u>

Schedule D (Form 990) 2022

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 WISDOM PROJ	ECTS, INC.	2'	7-1060325 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Can Farm 000 Dart V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
	(b) Book value	(b) Metrica of Valuation. Cost of of	ia or your market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(a) Dook value	(c) morned or randament occion of	ia or your marrier raide
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)		
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	5.
(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			1
(2)			
(3)			1
(4)			1
(5)			1
(6)			1
107			i .
(7)			

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

(9)

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

Par	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_		nes 4a and 4b			
5 D 2		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Sta			
Га	I L AII		-	ses per neturn.	
_	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a		ted services and use of facilities			
b		year adjustments	_		
c d		losses (Describe in Part XIII.)			
e		nes 2a through 2d		2e	
3		act line 2e from line 1			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
		nes 4a and 4b		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	rt XIII	Supplemental Information.	•		
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Part X	I,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

WISDOM PROJECTS, INC.

Employer identification number 27-1060325

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

HOLISTIC EDUCATION, INTERCULTURAL UNDERSTANDING, AND ANTI-OPPRESSIVE,

LIBERATIONIST THOUGHT LEADERSHIP.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEADERSHIP.

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

OFFICERS DISTRIBUTE A COPY OF THE 990 ELECTRONICALLY FOR APPROVAL BY BOARD MEMBERS PRIOR TO FILING

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

EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS MUST DISCLOSE THE CONFLICT/POTENTIAL CONFLICT IMMEDIATELY UPON ANNOUNCEMENTS OR UPDATES ABOUT OPERATIONS, PROGRAMMING, AND/OR PARTNERSHIPSAT STAFF MEETINGS ACTIVITIES, 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; 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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization WISDOM PROJECTS, INC.	Employer identification number 27-1060325
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 COMPENS	SATION BY THE
BOARD OF THE ORGANIZATION BASED ON AN INDEPENDENT REVIEW,	COMPARABILITY
DATA, AND CONTEMPERANEOUS, SUBSTANTIATION OF THE DELIBERAT	TION AND DECISION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE AVAILABLE BY REQUEST TO THE C	RGANIZATION'S
DIRECTORS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTORS FOR TEACHING AND PROVIDING MENTORING:	
PROGRAM SERVICE EXPENSES	50,569.
MANAGEMENT AND GENERAL EXPENSES	9,709.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,278.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	60,278.

For Office Use Only ILLINOIS CHARITABLE ORGANIZATION AN Illinois Attorney General Kwame				REPORT				AG990-IL vised 1/24
PMT # 	Charitable Trus	ney General Kwam st Bureau, 115 S. I nicago, IL 60603		t	СО	# Check all ite	ms attachi	eq.
AMT	Report for	the Fiscal Period:			X	Copy of IRS		ou.
 INIT	Beginning	09/01/2022	M P:	ake Checks ayable to inois Charity ureau Fund		Audited Final Reviewed Fir Copy of Forn	ncial Stater nancial Stat	
	& Ending	08/31/2023		arcaa rana	X	\$15 Annual F		-
Federal ID # 27		MO DAY YR	Date org	anization was	created			
	the organization tax deductible? SDOM PROJECTS, INC.	[A] NU		YEAR-END AMOUNTS		MO	DAY	YR
Mail Address: 2210 N CHARLES ST., 2				A) ASSETS		A) \$	404,	696.
	ALTIMORE, MD			B) LIABILITIE		B) \$		0.
Zip Code: 2	1218		-	C) NET ASSE	rs	C) \$	404,	696.
I. SUMMA	RY OF ALL REVENUE ITEMS DURING	THE YEAR:		PERCENTA	GF	Α	MOUNT	
	SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE			100.00		D) \$	731,	808.
E) GOVER	E) GOVERNMENT GRANTS AND MEMBERSHIP DUES				%	E) \$,	
F) OTHER	REVENUES				%	F) \$		
	REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (10	0 %	G) \$	731,	808.
1	SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE				5 %	H) \$	442,	192
n) UPERA	ING CHANTIABLE PROGRAM EXPENSE			87.23	J 70	п) ф	44 <i>4</i> ,	174.
I) EDUCA	TION PROGRAM SERVICE EXPENSE		-		%	I) \$		
J) TOTAL	CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		87.23	5 %	J) \$	442,	192.
J1) JOINT	OSTS ALLOCATED TO PROGRAM SERVICES (INCLUDE	D IN J)	\$					
K) GRANT	S TO OTHER CHARITABLE ORGANIZATIONS		_		%	K) \$		
L) TOTAL	CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD	J & K)		87.23	5 %	L) \$	442,	192.
M) MANAG	EMENT AND GENERAL EXPENSE			10.15	2 %	M) \$	51,	460.

III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.) PROFESSIONAL FUNDRAISERS;

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)

• PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

N) FUNDRAISING EXPENSE

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: TREE TURTLE, VICE PRESIDENT

U) NAME, TITLE: THEODORE RICHARDS, PRESIDENT

V) NAME, TITLE: SHELLY TURNER, EMPLOYEE

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

02-20-24

W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC

X) DESCRIPTION: Y) DESCRIPTION:

2.614% 13,248. 506,900. 100 % 0) \$ 0. 100 % P) \$ Q) \$ % R) \$ % 0. S) \$ T) \$ U) \$

V) \$

W)#

X) #

Y) #

List on back side of instructions CODE

012

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:				NO			
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X			
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х			
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х			
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X			
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X			
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	7.		X			
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$.						
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X			
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х			
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х			
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA PO BOX 15284 WILMINGTON, DE 19850						
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: UPASIKA MISS TREE TURTLE - 443-615-1	618					
● ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●							

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

UPASIKA MISS TREE TURTLE

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

DR. THEODORE RICHARDS

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

ERIN SINGLE, CPA

298101

PREPARER (PRINT NAME)

SIGNATURE

DATE