Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Α	For the		endar year, or tax year beginning , and ending		
В		applicable:	C Name of organization CHARLOTTES COMMUNITY OUTREACH	D Employer ider	ntification number
	Address of	change	Doing business as KHAOS INC		
П	Name cha	ango	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	27-5008271	
		-	8790 MANCHESTER RD STE 205A	E Telephone nun	nber
Ш	Initial retu	ırn	City or town State ZIP code	(314) 399-9269)
	Final return	/terminated	SAINT LOUIS MO 63144-2731		
$\overline{\Box}$	Amended	Iroturn	Foreign country name Foreign province/state/county Foreign postal code	G Gross receipts	\$ 259,636
$\overline{\overline{}}$		ı		O Oloss receipts	
Ц	Application	on pending		s this a group return for sub	oordinates? Yes X No
			CANDICE COX H(b) A	Are all subordinates inc	cluded? Yes No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	f "No," attach a list. Se	ee instructions
	Website	· wwv		Group exemption numb	per
		organization		mation: 2011	M State of legal domicile: MO
	art I		nmary		
Ф	1			mental health ed	lucation to the
Š		commur	ity in the form of programs, psychoeducation, and community outreach.		
Governance					
Š	2	Check th			
ŏ	3	Number	of voting members of the governing body (Part VI, line 1a)		4
•ජ ග	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	4.
Activities	5	Total nu	mber of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
ξ	6	Total nu	mber of volunteers (estimate if necessary)	6	
ĕ	7a	Total un	related business revenue from Part VIII, column (C), line 12		
	b		lated business taxable income from Form 990-T, Part I, line 11		
				Prior Year	Current Year
Φ	8	Contribu	tions and grants (Part VIII, line 1h)	1,22	5 60,67.3
Revenue	9		service revenue (Part VIII, line 2g)		
eVe	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0
Ř	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 3,805 .
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,74	5 259,636.
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0 0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0 0.
S	15	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5–10)	81.29	7
JSe	16a		onal fundraising fees (Part IX, column (A), line 11e)		
Expenses	b		draising expenses (Part IX, column (D), line 25)		
Ж	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	7.12	4
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19		e less expenses. Subtract line 18 from line 12	17,67	
JO.	1			nning of Current Yea	
sets	20	Total as	sets (Part X, line 16)	31,12	7 99,385
Ass	21		pilities (Part X, line 26)		0
Net Assets or	22			31,12	
Pa	art II		nature Block	•	,
		_	r, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowle	edge
and	belief, it is	s true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge	11/15/2024
Qi,	nn.		Di Carli I Cap 1 Co		
Sig	_	Signa	ature of officer	Date	
He	re	CAN	NDICE COX		
		Туре	or print name and title		
		Print	/Type preparer's name Preparer's signature Da	ate	PTIN
Pa	id	Ro	anda McDuffie CPA Rolanda McDuffie 1	1/15/24 Check self-er	
Pr	eparer	• 100	· · · · · · · · · · · · · · · · · · ·	<u> </u>	mployed P01289190
	e Only	1	Rolanda McDuffie CPA	Firm's EIN	
		Firm	s address 10150 Highland Manor Dr Ste 200 Tampa, FL 33610	Phone no. 813-	563-9697
140	v tha IE	C diagua	s this return with the preparer shown above? See instructions		Vos No

Form 9	00 (2023) CHARLOTTES	COMMUNITY OUTREACH		27-5008271	Page 2
Par		rogram Service Accomp le O contains a response	plishments e or note to any line in this Part III		
1	assess, address, and reduce	eek curriculum provided by K the impact of toxic and traur	HAOS Koaches to teach kids how to natic stress in t heir lives. This ons. In 2022 we serviced over 1000		
2	Did the organization undertak	?	ervices during the year which were not		s .X No
3	Did the organization cease coservices?	onducting, or make significar 	t changes in how it conducts, any prog	Yes	s . X. No
4	-	and 501(c)(4) organizations	are required to report the amount of gra		-
4a	Organized KHAOS is a 12 we address, and reduce the impa	eek curriculum provided by K act of toxic and traumatic stre munity organizations. In 2022	2 we serviced over 1000 children	ssess,	
4b	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$)

Other program services (Describe on Schedule O.)

(Expenses \$

4e

Total program service expenses

0 including grants of \$
132,394

0)(Revenue \$

0)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Page 3

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 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	. 2.		. X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	. 4		Χ.
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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D, Part I	.6.		. X.
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	.7 .		.X.
0	complete Schedule D, Part III	8.		Х.
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	. 9		Χ.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	.10.		. X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	.11a		. X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part VIII.</i>	.11c		Χ.
	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	11d		. X.
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		. X
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f 12a.		. X Х.
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b.		.X.
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13 14a		. X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b.		.X.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15 .16		.X.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17.		. X.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18.		. X.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	.19		. X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	.20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b.]	
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.		. X

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22.		. 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			
04-	employees? If "Yes," complete Schedule J	. 23		Χ.
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- /
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		. ^
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		. X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26.	Х.	
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		Χ.
20		. 21		^
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		. X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ.
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		. X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		Χ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			\ \
	conservation contributions? If "Yes," complete Schedule M	.30.		. X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32.		. X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	. 33		. X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34.		. X.
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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		· ·
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.30		. X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3.7		Χ.
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 .	.Х.	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	7.5
1a h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		•	
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c.		.X.

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		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		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.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
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?	. <u>5a</u> .		.Х.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5b</u> .		.Х.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	.5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		_
b	organization solicit any contributions that were not tax deductible as charitable contributions?	.6a		. X
b	gifts were not tax deductible?	. 6b		X
7	Organizations that may receive deductible contributions under section 170(c).	. 00		F
a	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?	. 7c		Х
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 .		.X.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
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.		<u>. </u>
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		Ŀ
9	Sponsoring organizations maintaining donor advised funds.			
a	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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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			
С	Enter the amount of reserves on hand			
14a	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? <i>If "No," provide an explanation on Schedule O</i>	.14b		. X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_ ا		_
	excess parachute payment(s) during the year?	1.5		. 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		Ϋ́
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17.		
	If "Ves " complete Form 6060			

Dort V	/1	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

	Check it Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			\ \
_	any other officer, director, trustee, or key employee?	. 2 .		. X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		.,
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3.		. X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	.4.		. X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5.		. X
6	Did the organization have members or stockholders?	.6.		. X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		.,
	one or more members of the governing body?	7a.		.X.
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		V
_	stockholders, or persons other than the governing body?	7.b .		Χ.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.0	~	
a	The governing body?	. 8a . 8b	X . . X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	.00	. ^	
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9.		Χ.
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	Λ.
0000	ion bit onoice (The cooler b requeste information about pointed not required by the internal Neventee	7000.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	.10a		Χ.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b.		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	.11a	. Х.	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a.		.X.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	.12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		. X.
13	Did the organization have a written whistleblower policy?	. 1.3	Χ.	
14	Did the organization have a written document retention and destruction policy?	14.	.Х.	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.	450		~
a b	Other officers or key employees of the organization	15a 15b.		. X.
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150.		./\.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	.16a		Χ.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b.		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CANDICE COX (314) 399-9269 8790 MANCHESTER RD STE 205A, SAINT LOUIS, MO 63144-2731			
	0/90 WAINCHESTER RD STE 200A, SAINT LOUIS, MO 03144-2/31			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if heither the organization nor any	/ related organiz	ation	con	npe	nsa	ted ar	іу с	urrent onicer, all	ector, or trustee	
				((C)					
					ition					
(A) Name and title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours	office	er an			or/truste		compensation	compensation	of other
	per week	임호						from the	from related	compensation
	(list any hours for	divi	stit	Officer	эу е	ghe	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	dual ecto	ğ	Ä	mp	st c	4	1099-NEC)	1099-NEC)	related organizations
	organizations	ŤŹ	<u>a</u> t		Key employee	omp				
	below dotted line)	Individual trustee or director	Institutional trustee		Õ	ens				
	,	()	ee			Highest compensated employee				
(1) Candice Cox	40.00									
President	0.00	Х		Х				75,889		
(2) Nathan Oatis	5.00									
Secretary	0.00			Х				28,978		
(3) Chauncey Nelson	30.00	1								
Member	0.00							27,683		
(4) Amy Miller	5.00	1						0.750		
Member (5)	0.00	Х						9,750		
(5)										
(6)										
(7)										
(8)										
(9)										
122										
(10)										
(11)										
(42)										
(12)		:								
(13)										
(14)										

Form 9	990 (2023)	CHARLOTTES COMMUNITY	OUTREACH								27-500	8271	Pá	age 8
	art VII	Section A. Officers, Directors, Tre		ploye	es,	and	l Hi	ghes	t Co	ompensated Em				.go C
		(A) Name and title	(B) Average hours	(do r	not ch unles	Pos neck ss pe	c) ition more rson	than o	ne an ee)	(D) Reportable compensation	(E) Reportable compensation	Estim	(F) nated am of other	
			per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	npensation from the nization organiza	and
(15)														
(16)				-										
(17)														
(18)			 	-										
(19)														
(20)														
(21)														
(22)														
(23)														
(24)				-										
(25)														
1b					-					142,300				
c d		n continuation sheets to Part VII, S d lines 1b and 1c)								0. 142,300	0			. 0.
2	Total num	ber of individuals (including but not li	mited to those lis								,000 of	· ·	<u> </u>	
	reportable	e compensation from the organization	1										Yes	0 No
3		ganization list any former officer, dire		-				-		•		. 3.		Х.
4	For any in	ndividual listed on line 1a, is the sum of ization and related organizations greated in the control of the cont	of reportable cor ater than \$150,0	npens 00? <i>If</i>	satio	on a es,"	nd c	other	con	npensation from hedule J for such	h	. 4 .		Х.
5		erson listed on line 1a receive or acc es rendered to the organization? <i>If "</i> Y	•			-			_			. 5.		. X .
Sect		ependent Contractors	μ					-						
1	Complete	this table for your five highest compe ation from the organization. Report co										ax ye	ar.	
		(A) Name and business add								(B) Description of ser		(C Compen)	
														0
														0
														0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in	this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
	С	Fundraising events				
	d	Related organizations				
	е	Government grants (contributions) 1.e				
ıs,	f	All other contributions, gifts, grants, and				
tio r S		similar amounts not included above				
the	~	Noncash contributions included in				
Contributi and Other	g					
So an	L	lines 1a–1f				
	h	Total. Add lines 1a–1f	60,673			
σ	0-		405.450			
j.	2a	Program Service Revenue	195,158			
ıram Sen Revenue	b		0			
า S en	С		0			
ev ev	d		0			
Program Service Revenue	е		0			
Pr	f	All other program service revenue	0			
	g	Total. Add lines 2a–2f	195,158			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from (i) Securities (ii) Other				
	. •	sales of assets				
		other than inventory				
<u>o</u>	b	Less: cost or other basis				
ĵu.	~	and sales expenses 7b				
Revenue		Gain or (loss)				
	d	Net weight and (least)	0			<u></u>
her	_	Gross income from fundraising	0			
Oth	oa	events (not including \$ 0				
		of contributions reported on line 1c).				
		See Part IV, line 18				
	h	Less: direct expenses				
	b	· · · · · · · · · · · · · · · · · · ·				
	C	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses				
	С	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory	3,805			
S _n		Business Code				
eo ne	11a		0			
an	b		0			
scellaneo Revenue	С		0			
Miscellaneous Revenue	d	All other revenue	0			<u></u> .
Σ	е	Total. Add lines 11a-11d	0			
	12	Total revenue See instructions	259 636			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must	t complete all columns. All other o	rganizations must complete column (A)
estion so (6)(6) and so (6)(1) organizations made	complete an obtaining. The other o	rgamzatione made complete column (71):

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	122,257.	122,257	0					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include								
•	section 401(k) and 403(b) employer contributions)				<u> </u>				
9	Other employee benefits								
10 11	Payroll taxes	0							
а	Management	40.017		40.017					
b	Legal			425					
C	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.)	0		0.					
12	Advertising and promotion	3,5.14.							
13	Office expenses	2,3.73.		2,373					
14	Information technology			952.					
15	Royalties	350							
16	Occupancy			8,500	<u></u>				
17	Travel	5,682.	5,682		<u></u>				
18	Payments of travel or entertainment expenses	0							
40	for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings	0			<u> </u>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	0		0	0				
23	Insurance	253		253.					
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	Conference and Training	1,855	1,855						
b	Small Tools and Equipment	5,222		5,222					
С	Printing and Photocopying	2,250	2,250						
d		0			_				
е	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	193,88.8	132,394	61,4.94.					
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)	[

27-5008271

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u>.</u> .
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	31,127	. 1.	78,185.
	2	Savings and temporary cash investments	0	. 2	21,200
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net	0.	.4.	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		. 5 .	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0		
Assets	7	Notes and loans receivable, net			0
\SS	8	Inventories for sale or use			
٩	9	Prepaid expenses and deferred charges		. 9 .	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation			
	11	Investments—publicly traded securities			
	12	Investments—other securities. See Part IV, line 11		. 12 .	0.
	13	Investments—program-related. See Part IV, line 11			
	14	Intangible assets			
	15	Other assets. See Part IV, line 11			
	16	Total assets. Add lines 1 through 15 (must equal line 33)			
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	. 21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons			
_	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable to unrelated third parties	0	. 24 .	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25		. 26 .	2,500.
es		Organizations that follow FASB ASC 958, check here X			
anc		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions			96,885
d E	28	Net assets with donor restrictions	<u> </u>	. 28 .	<u> </u>
-un		Organizations that do not follow FASB ASC 958, check here			
or F		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds			<u> </u>
se	30	Paid-in or capital surplus, or land, building, or equipment fund		.30	
As	31	Retained earnings, endowment, accumulated income, or other funds		. 3.1 .	<u> </u>
Net Assets or Fund Balances	32	Total net assets or fund balances			96,885
~	33	Total liabilities and net assets/fund balances	<u> 31,127.</u>	.33	99,385

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. X	ζ.
1	Total revenue (must equal Part VIII, column (A), line 12)		.259,6	36
2	Total expenses (must equal Part IX, column (A), line 25)		.193,8	888
3	Revenue less expenses. Subtract line 2 from line 1		. 65,7	'48 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		. 31,1	27
5	Net unrealized gains (losses) on investments			
6	 			<u></u>
7	Investment expenses			
8				<u></u>
9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u>10</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		. 96,8	<u> 885</u>
Part	· · ·		_	7
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· - -</u>	<u> </u>
	A " "		Yes N	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a.		X
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	. <u>Za.</u>		<u>^. </u>
	reviewed on a separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
L		26		V
b	Were the organization's financial statements audited by an independent accountant?	. 2b	•	X .
	separate basis, consolidated basis, or both.			
	X Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			\ <u>'</u>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c.		<u>X.</u> .
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. 3a		Χ.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b .		<u>. </u>

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

CHA	\RL(OTTES COMMUNITY OUTREA	CH				27-50	08271				
Par	rt I	Reason for Public Char	ity Status. (All or	ganizations must co	omplete t	his part.)	See instructions.					
	orga	anization is not a private foundat	•		-		,					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).					
4		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:										
5		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 govern	nment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).					
7		An organization that normally r described in section 170(b)(1)			om a gove	rnmental ι	unit or from the gene	ral public				
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)							
9		An agricultural research organi or university or a non-land-grar university:										
10	Χ		to its exempt function income and unrelated	ons, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its				
11		An organization organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).					
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	l organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	09(a)(3).				
а		Type I. A supporting organization(sorganization). You must cor	s) the power to regu	larly appoint or elect a								
b)	Type II. A supporting organi control or management of the organization(s). You must o	ne supporting organi	ization vested in the sa								
С		Type III functionally integr						rated with,				
		its supported organization(s	, ,	•								
d		Type III non-functionally in that is not functionally integrequirement (see instruction	ated. The organizat	tion generally must sati	isfy a distr	ibution red	quirement and an att					
е		Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination fror	m the IRS	that it is a		e III				
f		Enter the number of supported	' •	, , , , , ,	0 0			0.				
g		Provide the following information										
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
A)					1	1.10						
,												
B)												
(C)												
(D)												
(E)												
Tota	.I						0	0				

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0	0	0	0		
6	Public support. Subtract line 5 from line 4						0
	tion B. Total Support					l.	· · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0.	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	·				.12	
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •				 	
	Public support percentage for 2023 (line 6, c		-				0.00%
	Public support percentage from 2022 Sched						0.00%
16a	33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as						
h			_				<u> -</u>
D	33 1/3% support test—2022. If the organiz box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets Part VI how the organization meets the facts organization.	3. If the organizatio the facts-and-circumstance	n did not check a b mstances test, che es test. The organiz	pox on line 13, 16a ck this box and st o cation qualifies as a	, or 16b, and line 1 op here. Explain in a publicly supported	4 I d	
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the facorganization	neets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box a nization qualifies a	nd stop here . Expl s a publicly suppor	lain ted	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		ī
	instructions						

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.)

Sec	ction A. Public Support			· •	,		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")				69,950	60,673	130,623
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				7.95		4,600
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					195,158	
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
c		0			70.745	250 636	
6	Total. Add lines 1 through 5	0		u	1.0,74.5	259,050.	
ιd	received from disqualified persons						0
h	Amounts included on lines 2 and 3						<u> </u>
IJ	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0	0.	0		0	
8	Public support (Subtract line 7c from						<u> </u>
	line 6.)						330,381
Sec	ction B. Total Support						•
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	7.0,745	259,636	330,381
10a	Gross income from interest, dividends,						_
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	<u>0</u>	0.	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						_
	or not the business is regularly carried on .			<u> </u>			<u> </u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets						^
40	(Explain in Part VI.)						<u> 0</u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	_		0	70 745	250 626	220 204
14	First 5 years. If the Form 990 is for the orga					∠აყ,ნან.	
7	organization, check this box and stop here			•	. , , ,		
Sec	ction C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2023 (line 8, c			f))		.15	100.00% .
16	Public support percentage from 2022 Sched						100.00%
	ction D. Computation of Investmer					•	<u> </u>
17	Investment income percentage for 2023 (line			olumn (f))		. 17	0.00% .
18	Investment income percentage from 2022 S						0.00%
	33 1/3% support tests—2023. If the organi				-		
	not more than 33 1/3%, check this box and s						X
b	33 1/3% support tests—2022. If the organi						-
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a publ	licly supported orga	anization	<u> . </u>
	Private foundation. If the organization did						

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
- 1-		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

27-5008271

Part	Supporting Organizations (continued)			
44	Lies the examination appeared a gift or contribution from any of the following paragraps		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Conti	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.	3		
1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti		-1	
' a	The organization satisfied the Activities Test. Complete line 2 below.	ucuons	5).	
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	e instructi		1
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 activities constituted substantially all of its activities.	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			
	these activities but for the organization's involvement.	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	0-		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	ng trust o	on Nov. 20, 1970 <i>(explain i</i>	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ılly integr	ated Type III supporting o	organization (see
instructions).			•

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	ed)	
Section	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemple				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	")	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount	1	(ii)	10	0.000
	Section E - Distribution Allocations (see instructions)	ns	(iii) Distributable Amount for 2023		
1_	Distributable amount for 2023 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
<u>c</u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e	0			
<u>g</u>	Applied to underdistributions of prior years			0	
<u>h</u>	Applied to 2023 distributable amount				0
<u></u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2023 from				
	Section D, line 7: \$ 0				
	Applied to underdistributions of prior years			0	
b	Applied to 2023 distributable amount	0			0
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result			^	
	greater than zero, explain in Part VI . See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	EXCESS HUIII ZUZS				

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

SCHEDULE L (Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

CHARLO	OTTES COMMUNI	TY OUTREACH	1					27-50	0827	1				
Part I								on 501(c)(29) org 25b; or Form 99						
1	(a) Name of disqualifi	ied nerson	(b) Relationship b		ween disqualified person and			(c) Description of transa			1		(d) Cor	rected?
	(a) Name of disqualin	led person	organization				(e) Becompact of during during					Yes	No	
<u>(1)</u> (2)														
(3)														
(4)														
(5)														
(6)														
2 E	nter the amount of nder section 4958													
3 E	nter the amount of	tax, if any, on I	ine 2, above, re	eimbur	sed by the	e organizat	ion .				\$			
Part II	Loans to and/o Complete if the organization re	organization a	nswered "Yes"				ine 38a	a, or Form 990, F	Part I\	/, line	26; o	r if the		
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	` fro	(d) Loan to or from the organization?			(f) Balance due (g) In		default?	(h) Approved by board or committee?		(i) Writter agreemen	
				То	From				Yes	No	Yes	No	Yes	No
(1) CA	NDICE COX	OFFICER	RENT	Х			2,500	2,500		Х	Χ			Χ
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)		1			ļ		Ф.	2.500						
Total . Part III		istance Benef	ting Interested	d Pers	ons.			2,500.						
(a) Na	ame of interested person		nship between intere and the organizatio		(c) Amount	of assistance	(d) Type of assistance	e	(6	e) Purp	ose of a	ssistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)										ļ				
(9)														

Schedule L	(Form 990) 2023 CHARL(<u>OTTES COMMUNITY OUTRI</u>	EACH	27-500827	1 F	⊃age ∡
Part IV						
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information.	r recommend to avactions on	Cabadula I. Caa inat	ru lotiono		
	Provide additional information fo	r responses to questions on a	Schedule L. See insi	ructions.		

SCHEDULE O (Form 990)

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.

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.

Open to Public Inspection

Employer identification number

CHARLOTTES COMMUNITY OUTREACH	27-5008271
Form 990, Part XI, Line 9: Prior period adjustment of \$10 due to fees not accounted for in	
prior year	

Schedule O (Form 990) 2023	Page	2
Name of the organization	Employer identification number	_
CHARLOTTES COMMUNITY OUTREACH	27-5008271	
		-
		-
		-
		_
		_