	00		Short Form			OMB No. 1545-0047
Form	99	<b>90-EZ</b>	<b>Return of Organization Exempt From Inco</b>	ne Tax		2023
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p		tions)	
_			Do not enter social security numbers on this form, as it may be made			Open to Public
		of the Treasury nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest info	rmation.		Inspection
A F	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	1	2/31/20	23
<b>B</b> c	heck if ap	pplicable:	C Name of organization			entification number
L A	ddress o	change	SIDE PROJECT INC		4	6-0769403
	lame cha	•	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Tele	phone n	umber
	nitial retu	rn/terminated	2635 OLD OKEECHOBEE ROAD		80	0-330-5807
	mended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
		on pending	WEST PALM BEACH, FL 33409	Nu	mber	
		ting Method:	Cash Accrual Other (specify):	H Check	🗌 if th	e organization is <b>not</b>
			ww.dosomeorganizing.org/	require	d to att	ach Schedule B
			ck only one) – 🕑 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 🗌 52	7 (Form 9	990).	
			Corporation Trust Association Other:			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or 500,000 or more, file Form 990 instead of Form 990-EZ .			
<u>`</u>	-	( ))				
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			
	1		the organization used Schedule O to respond to any question in this ns, gifts, grants, and similar amounts received		1	
	2		ervice revenue including government fees and contracts		2	<u>112,714</u> 60,101
	3	•	p dues and assessments		3	0,101
	4	Investment	•		4	389
	- 5a		unt from sale of assets other than inventory 5a	 C	-	307
	b		or other basis and sales expenses	0	-	
	c		s) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6		d fundraising events:			
	а	-	ome from gaming (attach Schedule G if greater than			
Ine		\$15,000) .		C		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of conti	ributions		
Be			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	12,849	2	
	c		t expenses from gaming and fundraising events 6c	10,375	5	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd subtract		
	_	line 6c) .	· · · · · · · · · · · · · · · · · · ·		6d	2,474
	7a		s of inventory, less returns and allowances	C	-	
	b		of goods sold	C	7c	0
	с 8		nue (describe in Schedule O)		8	0 171
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>· · · ·</u>	9	<u> </u>
	10		similar amounts paid (list in Schedule O)		10	39,480
	11		id to or for members		11	14,089
Se	12		her compensation, and employee benefits		12	19,264
nse	13	Profession	al fees and other payments to independent contractors		13	51,395
Expenses	14	Occupancy	/, rent, utilities, and maintenance		14	14,656
ŵ	15		ublications, postage, and shipping		15	2,665
	16	Other expe	nses (describe in Schedule O) <u> </u>	<u></u>	16	14,873
	17	Total expe	nses. Add lines 10 through 16		17	156,422
ts	18		deficit) for the year (subtract line 17 from line 9)		18	27,427
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must			
ťĄŝ		-	r figure reported on prior year's return)		19	98,559
Nei	20		ges in net assets or fund balances (explain in Schedule O)		20	0
	21 Demon		· · · · · · · · · · · · · · · · · · ·		21	125,986
гor	raper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106	421		Form <b>990-EZ</b> (2023)

Form 9	90-EZ (2023)					Page 2
Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			103,660	22	133,405
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)				24	0
25				103,660	25	133,405
26	Total liabilities (describe in Schedule O)		[	5,101	26	7,419
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	98,559	27	125,986
Part	III Statement of Program Service Accom	plishments (see th	e instructions for F			
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🛛 . 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	itement 2		``	quired for section
	ribe the organization's program service accomplis			rogram services		l(c)(3) and 501(c)(4) anizations; optional for
	easured by expenses. In a clear and concise m				· ·	ers.)
	ons benefited, and other relevant information for ea					
·	To promote social justice and social change by incu		a grassroots project	s. We are a		
	nonprofit incubator and social change accelerator. V					
	(Continued on Schedule O, Statement 3)			indinty		
	(Grants \$ 33,424) If this amount	includes foreign gra	unts chack hara		28a	a 120,036
29		includes foreign gra		••••	200	120,030
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🗆	29a	a
30						
		includes foreign gra			30a	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	a 0
32	Total program service expenses (add lines 28a t				32	120,036
Part	IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com	pensated-see the in	hstru	ictions for Part IV)
	Check if the organization used Schedule					🗍
	~		(c) Reportable			
		(b) Average	compensation	(d) Health benefits, contributions to employ		) Estimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MISC, 1099-NEC)	benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
1		16.00	7.010		~	
	ey Fromknecht	10.00	7,813		0	U
_	& Managing Attorney				_	
	Brown	2.00	500		0	0
CFO	& Board of Directors				_	
Arwe	n Lavengood Davis	10.00	9,188		0	0
Secr	etary, Board of Directors & COO					
Niche	olas Koch	1.00	0		0	0
Curre	ent Chairperson, Board of Directors					
Megh	an Boehm	1.00	0		0	0
	Chairperson, Board of Directors					
	n Paul Causgrove	1.00	0		0	0
	tor of Community Outreach - Pittsburgh	1.00	Ĭ		Ĭ	v
		1.00			0	0
	el Fromknecht	1.00	0		0	0
	surer, Board of Directors	-			+	
	d Gardner	1.00	0		0	0
Boar	d of Directors					
Tim (	Grow	1.00	0		0	0
Boar	d of Directors					
Emai	nuel Jackson Jr	1.00	0	1	0	0
Boar	d of Directors					
Roch	elle Jackson	1.00	0		0	0
	d of Directors	1				

Form 990-EZ (2023) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 ~ 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 1 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 1 h If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . 35c V 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . 36 V Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 0 37b b ~ 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 1 If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . 38b b Section 501(c)(7) organizations. Enter: 39 а Initiation fees and capital contributions included on line 9 . . . . . . 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . 39b b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40a section 4911: 0: section 4912: 0 : section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 h excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line d 0 е All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e . . . . 1 List the states with which a copy of this return is filed: 41 FL, OR, PA 42a The organization's books are in care of: DAVID BROWN Telephone no. 800-330-5807 1400 S BRADDOCK AVE, PITTSBURGH, PA 15218 Located at: ZIP + 415218 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b V If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c 1

- At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
- Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be

b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		
	completed instead of Form 990-EZ	44b	
С	Did the organization receive any payments for indoor tanning services during the year?	44c	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		
	explanation in Schedule O	44d	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	
b	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," Form 990 and Schedule R may need to be completed instead of		
	Form 990-EZ. See instructions	45b	

No

1

1

Yes

44a

Form 9	90-EZ (2023)		Р	age ·
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		V
Part	V Section 501(c)(3) Organizations Only		·	

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines
50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
		· · ·		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
<b>d</b> Total number of other independent contractors each receiving	over \$100.000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of office	er		DocuSigned by:		Date			
Here	Jeffrey Fromknecht, CEO & Managing Attorney			Jeffrey Fromknecht			1/24/2025		
	Type or print name	e and title		773F6CC50B6F4FE					
Paid	Print/Type prepare	er's name	Prep & cords iging tabure		1/24/2025		Check 🗌 if	PTIN	
Preparer	Jeffrey Fromkr	necht	Jeffrey Fri	mknecht	,,		self-employed	P01635442	
Use Only	Firm's name	Side Project Inc	773F6CC50B6F4FE			Firm's	s EIN	46-0769403	
	Firm's address	2625 Old Okeechobee		Phone	e no. 8	14-520-7544			
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions								

SCH	<b>IEDULE</b> A	Du	hlic Charit	y Status and	Public	Sunn	ort	OMB No. 1545-0047
	m 990)	Complete if the orga		2023				
	tment of the Treasury	_		h to Form 990 or Form				Open to Public
	al Revenue Service	Got	o www.irs.gov/Fo	rm990 for instructions a	nd the late	st informa		Inspection
	of the organization						Employer identification	
-	rt I Reason	for Public Cha	rity Status (Al	l organizations mus	t.comple	ato this r		769403
_				is: (For lines 1 through			,	
1 1	•	•		ion of churches descr			,	
2				(Attach Schedule E (F			0(0)(1)(//)()	
3				ganization described i	-	-	1)(A)(iii).	
4				onjunction with a hos				)(iii). Enter the
		me, city, and state						
5		ion operated for ( <b>b)(1)(A)(iv)</b> . (Com		college or university	owned o	r operate	ed by a governmer	ntal unit described ir
6				mental unit described				
7				tantial part of its sup	port from	n a gover	mmental unit or fro	m the general public
		section 170(b)(1)						
8	_			)(1)(A)(vi). (Complete				
9				d in <b>section 170(b)(1)</b> riculture (see instruction				
10	receipts fron support from	n activities related n gross investmen	to its exempt fu t income and un	e than 33 <sup>1</sup> / <sub>3</sub> % of its su inctions, subject to ce related business taxa 75. See <b>section 509(</b> a	rtain exco ble incom	eptions; a ne (less s	and (2) no more tha ection 511 tax) fror	n 33 <sup>1</sup> /3% of its
11		•		sively to test for public			,	
12		•	•	ively for the benefit of,	-			y out the purposes o
	one or more	publicly supported	d organizations d	lescribed in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> o	r section	<b>509(a)(2)</b> . See sec	tion 509(a)(3). Check
а	the supp	orted organization	(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
t	control o	r management of	the supporting o	sed or controlled in co organization vested in IV, Sections A and C	the same			
c				ting organization oper ons). <b>You must comp</b>				nally integrated with,
C	that is no	t functionally integ	grated. The orga	upporting organization inization generally mu complete Part IV, Sec	st satisfy	a distribu	ution requirement a	
e				a written determination determination ally integrated superior and the sup				be II, Type III
f g			•	oorted organization(s).				
	(i) Name of support	ed 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 monetar support (see instructions)	y <b>(vi)</b> Amount of other support (see instructions)
					Yes	No	1	
(A)								
(B)								
(C)								

(D)

(E) Total

Schedule A (Form 990) 2023

0

~

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

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization'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							
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)							
6	Public support. Subtract line 5 from line 4							
Secti	on B. Total Support			•	•			
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4							
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 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First 5 years.</b> If the Form 990 is for the	organization's	s first, second		, or fifth tax ye			
	organization, check this box and stop he						[	
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2023 (line 6		-			14	%	
15	Public support percentage from 2022 Sch					15	%	
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2023.</b> If the organization qua							
b	331/3% support test-2022. If the organi	ization did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or	more, check	
17a	<ul> <li>this box and stop here. The organization qualifies as a publicly supported organization</li></ul>							
b	<b>10%-facts-and-circumstances test</b> — <b>26</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances to	mstances test est. The organ	, check this bo ization qualifie	ox and <b>stop</b> is as a public	<b>here</b> . Explain cly supported	
18	Private foundation. If the organization of instructions	did not check	a box on line	e 13, 16a, 16b	o, 17a, or 17b,	, check this	box and see	
							le A (Form 990) 2023	

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	240,486	474,672	294,015	159,155	125,563	1,293,891
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	65,048	73,733	94,174	66,798	68,272	368,025
3	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the	0	0	0	0	0	<u> </u>
•	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6 7-	<b>Total.</b> Add lines 1 through 5	305,534	548,405	388,189	225,953	193,835	1,661,916
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3	0	0	0	0	0	0
b	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	<b>Public support.</b> (Subtract line 7c from						
Centi							1,661,916
	on B. Total Support	(-) 0010	(1-) 0000	(-) 0001		(-) 0000	
Galen 9	dar year (or fiscal year beginning in)	(a) 2019 305,534	(b) 2020 548,405	(c) 2021 388,189	(d) 2022 225,953	(e) 2023 193,835	(f) Total 1,661,916
10a	Gross income from interest, dividends,	305,534	548,405	300,107	223,753	173,033	1,001,910
iou	payments received on securities loans, rents,						
	royalties, and income from similar sources	0	0	0	0	389	389
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	389	389
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	0	0	0	0	0	<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	305,534	548,405	388,189	225,953	194,224	1,662,305
14	First 5 years. If the Form 990 is for the organization, check this box and stop here						
Secti	on C. Computation of Public Suppor			· · · · ·			· · · 📋
<u>3ecu</u> 15	Public support percentage for 2023 (line 8	<u> </u>		3 column (ft)		15	<b>99.98</b> %
16	Public support percentage from 2022 Sch	, ,,,		, , , , , , , , , , , , , , , , , , , ,		16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (		-	y line 13, colur	mn (f))	17	0.02 %
18	Investment income percentage from 2022					18	0 %
19a	331/3% support tests-2023. If the organi						
	17 is not more than $33^{1}/_{3}$ %, check this box	-	-	-		-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> – <b>2022.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	<b>Private foundation.</b> If the organization di	-	-	-			
20	- mate roundation. In the organization di	a not undur a l	557 511 1116 14,	100,01100,0			(Form 990) 2023

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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

Schedule A (F	Form 990) 2023		Pa	age <b>5</b>
Part IV	Supporting Organizations (continued)			
		Y	'es	No

- 11 Has the organization accepted a gift or contribution from any of the following persons? a 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?
  - **b** A family member of a person described on line 11a above?
  - c 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.

## Section B. Type I Supporting Organizations

- 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

## Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- **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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

11a

11b

11c

1

2

1

3

2a

2b

3a

Yes No

Yes No

Yes No Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year (A) Prior Year Section B—Minimum Asset Amount (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 1b Average monthly cash balances b С Fair market value of other non-exempt-use assets 1c **Total** (add lines 1a, 1b, and 1c) 1d d **Discount** claimed for blockage or other factors е (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 0.035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C—Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1.

 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).
 6

 Image: Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

3

4 5

Minimum asset amount for prior year (from Section B, line 8, column A)

(see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

4

5

6

7

	le A (Form 990) 2023			-1)	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continue	d)	
Sect	ion D–Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity		·	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	nunuida dataila in Daut	1//\	4	
5	Qualified set-aside amounts (prior IRS approval required-	•	VI)	5 6	
<u>6</u> 7	Other distributions ( <i>describe in Part VI</i> ). See instructions. Total annual distributions. Add lines 1 through 6.			0 7	
8	Distributions to attentive supported organizations to whic	h the organization is res	nonsive	1	
Ū	(provide details in <b>Part VI</b> ). See instructions.	in the organization is rea	ponsive	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

	-
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 O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions or	า ๑៣ <b>๑२</b>
	Form 990 or 990-EZ or to provide any additional information.	' 20 <b>23</b>
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
SIDE PROJECT INC		46-0769403
Form 990-EZ, Part I, Li	ne 8 - Misc Income	
Form 990-EZ, Part I, Li	ne 10 - Grants made to: 1. Black Women's Policy Agenda - \$3,261.2; 2. Community (	Greening - \$250; 3. Attagirl
Scholarship Program	\$5,500; 4. Success Through Sports Foundation \$259; 5. Northwest Health Foundation	on II - \$9000; 6. St. James
	J \$50; 8. EJS Project \$250; 9. CLASS \$250 10. AZUL \$200; 11. Shriners Hospital of E	
13. Erie City Moms \$15	500; 14. Erie Free Store \$500; 15. Alliance of Women Executives \$250; 16. Village of	Wellington \$575;
Form 990-EZ, Part I, Li	ne 16 - Bank Charges, Business Reimbursement, Insurance, Licenses	
Form 000-E7 Dart II I	ine 24 - Unrestricted - \$17,780, Temporarily restricted - \$108,206	
Form 990-EZ, Part II, L	ine 26 - Credit Cards and Payables	

Schedule O, Statement 1

Form: Form 990-EZ (2023)

Page: 1

**Reasonable Cause Explanations** 

SIDE PROJECT INC

EIN: 46-0769403 Header Section

### Explanation

The filing is late due to the issues stated below: 1. Staff Medical Issue: One of the key staff members responsible for preparing and reviewing financial documents has experienced significant medical issues, which have slowed down our ability to complete the necessary work on time. While the organization has made every effort to continue our operations, this unforeseen medical situation has affected the timeliness of our financial reporting. 2. Recent Hurricanes in Florida: In addition to the medical issue, the recent hurricanes in Florida have caused widespread disruptions to operations. The impact of the storms has further compounded the challenges this organization has faced in completing its filing.

Schedule O, Statement 2

Form: Form 990-EZ (2023)

Page: 2

**Primary Exempt Purpose** 

SIDE PROJECT INC

EIN: 46-0769403

Part III

### **Primary Exempt Purpose**

TO PROMOTE SOCIAL JUSTICE AND SOCIAL CHANGE BY INCUBATING AND DEVELOPING GRASSROOTS PROJECTS. TO PROMOTE SOCIAL JUSTICE AND SOCIAL CHANGE BY INCUBATING AND DEVELOPING GRASSROOTS PROJECTS. WE ARE A NONPROFIT INCUBATOR AND SOCIAL CHANGE ACCELERATOR. WE BELIEVE IN THE POWER OF GRASSROOTS COMMUNITY ORGANIZATIONS AND WORK WITH NEW PROJECTS AND INITIATIVES TO HELP THEM DETERMINE THEIR BEST PATH FORWARD. SIDE PROJECT OVERSEES NEW AND INNOVATIVE PROJECTS FOCUSED ON PROGRESSIVE SOCIAL CHANGE.

### Schedule O, Statement 3

Form: Form 990-EZ (2023)

Page: 2

First Program Service Accomplishments Description

SIDE PROJECT INC

EIN: 46-0769403 Part III, Line 28

#### Description

organizations and work with new projects and initiatives to help them determine their best path forward. Side Project oversees new and innovative projects focused on progressive social change. In 2022, we worked alongside several initiatives focused on creating more inclusive and welcoming communities, including those who were implementing new programs, collaborating across sectors on issues, and testing out new approaches to social change. Our projects span many fields in the nonprofit sector and have strong, capable leadership with a variety of small to large operations. Some of our projects are as follows