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TIN: 27-3549225OMB No. 1545-0047

990 Eorm

Return of Organization Exempt From Income Tax

 $\label{thm:condition} \textbf{Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) }$

2022

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

internal	Reven	lue Service									
A F	or th	e 2022 calendar year, or tax year beginning 01-01-2022 , and ending	g 12-31-20	22							
B Che	ck if a	applicable: C Name of organization THE GROW GROUP INC			D Employer	identif	fication number				
_		change			27-35492	25					
○ Na		Data de dans de									
O Init		THE GROW GROUP									
_		·	Room/suite		E Telephone	number					
		ion pending 412 E MADISON ST SUITE 1104	toonly suite		(813) 843	3-1324					
_ ``		City or town, state or province, country, and ZIP or foreign postal code			(/ -						
		TAMPA, FL 336024618			G Gross rece	ints \$ 1	.704.555				
		F Name and address of principal officer:	ш	2) To this			7. 0 1,000				
		DEVIN O'CONNOR	"(a group retu	111 101	□Yes ✓No				
		420 LOCH DEVON DR LUTZ, FL 335484200	HC		dinates? subordinates	S					
T Tay	-0V0r			includ	ed?		☐ Yes ☐No				
1 102	CACI	npt status: \checkmark 501(c)(3) \bigcirc 501(c) () \blacktriangleleft (insert no.) \bigcirc 4947(a)(1) or \bigcirc			" attach a lis						
J W	ebsit	te: WWW.THEGROWGROUP.ORG	H	Group	exemption n	umber	•				
K Forn	n of o	rganization: 🗹 Corporation 🗌 Trust 🗀 Association 🗋 Other 🕨	L Ye	ar of forma	tion: 2011	1 State	of legal domicile: FL				
Pa	rt I	Summary									
		Briefly describe the organization's mission or most significant activities: THE GROW GROUP IS AN ORGANIZATION THAT BELIEVES THAT ALL PEOPLE I	HAVE THE R	GHT TO V	VORK. BY PR	OVIDI	NG EMPLOYMENT				
Φ		SERVICES AND SUPPORTED EMPLOYMENT TO PEOPLE WITH DISABILITIES WE ARE ABLE TO ASSIST THESE INDIVID									
2		MEANINGFUL EMPLOYMENT AND CONTRIBUTE TO THEIR COMMUNITY.									
Governance											
Š											
Ğ	2	Check this box ▶ □	ī	•							
*8	3	Number of voting members of the governing body (Part VI, line 1a)	3								
Activities	4	Number of independent voting members of the governing body (Part VI, line $$	•	4	6						
ž	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	153						
Ş	6	Total number of volunteers (estimate if necessary)	•	6							
	7a	Total unrelated business revenue from Part VIII, column (C), line 12					0				
	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11 .				7b					
					r Year	1	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	_		2,137,39	5	1,704,537				
Revenue	9	Program service revenue (Part VIII, line 2g)			2/13//33		0				
Š	_	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		1	2	18				
æ			-			3					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2 127 40	0	1,704,555				
	_	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		2,137,40	0	1,704,555				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	L				0				
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0				
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	j−10)		1,531,02	6	1,510,766				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					0				
b e	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0									
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			168,38	2	179,025				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,699,40	8	1,689,791				
	19	Revenue less expenses. Subtract line 18 from line 12			438,00	-	14,764				
× 00			B	eginnina a	of Current Yea	+	End of Year				
Net Assets or Fund Balances			ا ا	- <i>j</i> y (
age See	20	Total assets (Part X, line 16)	.		581,00	2	587,691				
A P		Total liabilities (Part X, line 26)	. ⊢		19	+	1,696				
Š		Net assets or fund balances. Subtract line 21 from line 20	-		580,81	_	585,995				
		The second secon			550,01	_	303,333				

Knowledge and belier, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	- I				2023-05-05	
Sign	Sig	nature of officer			Date	
Here		VIN O'CONNOR DIRECTOR				
	Тур	pe or print name and title				
Paic	· · ·	Print/Type preparer's name	Preparer's signature	Date 2023-05-05	Check if	PTIN P01627036
Prep	oarer	Firm's name STRATEGIS CPAS 8		Firm's EIN > 5	9-2886500	
Use	Only	Firm's address 15955 N FLORIDA	Phone no. (813	9) 931-2551		
		LUTZ, FL 33549				
		uss this return with the preparer s				. Yes No
FOT P	арегwогк	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2022)
			Page 2	·		
_	000 (2022)		ruge 2	-		_
Par	990 (2022)	atement of Program Service	e Accomplishments			Page 2
1 01		eck if Schedule O contains a respo	•	is Part III		
1	Briefly des	cribe the organization's mission:	·			
AND S	SUPPORTED	JP IS AN ORGANIZATION THAT BE EMPLOYMENT TO PEOPLE WITH DESCRIBED TO THEIR COMMU	ISABILITIES WE ARE ABLE			
2	Did the ord	ganization undertake any significar	nt program services during	the year which were not lis	sted on	
	the prior F	orm 990 or 990-EZ?				🗆 Yes 🗸 No
	If "Yes," de	escribe these new services on Scho	edule O.			
3	Did the org	ganization cease conducting, or ma	ake significant changes in h	ow it conducts, any progra	ım	
	services?					
4	•	escribe these changes on Schedule he organization's program service		of its three largest program	s convices as n	neasured by expenses
•	Section 50	1(c)(3) and $501(c)(4)$ organization u.e., if any, for each program service	ns are required to report the			
4a	(Code:) (Expenses \$	1,250,979 including gra	ants of \$) (Revenue \$)
	EMPLOYMEN BEEN DETER THE GROW	ORS AND EMPLOYMENT SPECIALISTS P IT CLASSES AND VOCATIONAL EVALUAT RMINED BY THE FLORIDA DEPARTMENT GROUP, ITS DIRECTORS AND EMPLOYMI PENSE OF THE GROW GROUP IS PAYME	IONS FOR FLORIDA'S DIVISION OF VOCATIONAL REHABILTIATIO ENT SPECIALISTS ARE PAID FOF	I OF VOCATIONAL REHABILITAT ON FOR THE GROW GROUP ANI R EACH BANCHMARK SUCCESS	TION. THE STAND D ALL PROVIDER: FULLY ACHIEVED	DARD PAYMENT STRUCTURE HAS S PERFORMING THESE SERVICES. (PERFORMANCE BASED PAY). THE
4b	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)
	-					
4c	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)

4d	Other program services (Describe in So	hedule O.)) (Revenue \$							
	(Expenses \$	including grants of \$) (Revenue \$)						

4e Total program service expenses ► 1,250,979

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	990 (2022) t IV Checklist of Required Schedules			Page
Га	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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 "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
1	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		No
	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 "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
7	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
9	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		No

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Par	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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 "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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		No

4/32

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(gambing) winnings to prize winners:		orm 99	0 (2022)
			01111 55	• (2022)
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_				
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	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		-
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	Yes	
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)?	4a		No
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
-	12b			
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		

1, 10,2	Habe Control in the property of the additional information the control in the property of the data.			in the second
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes," complete Form 6069.	17		
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Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	-		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		B1 -
10-	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		INO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No

+/ 10/2	4, 1.49 FW	_	_
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a kable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt attus with respect to such arrangements? "On C. Disclosure It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be filed It the states with which a copy of this Form 990 is required to be listed. Report compensation for the calendar year ending with or within the all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amounts and of the organization's current key employees, if any. See the instructions for definition of "key employee." It the organization's five c		
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	No
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	
Se	ction 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 Form 1023 (1024 or 1024-Å, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DEVIN O'CONNOR 620 E TWIGGS ST STE 309 TAMPA, FL 336023929 (813) 843-1324		
		Form	990 (2022)
	Page 7		
Form	990 (2022)		Page 7
Par		oloyees,	
	Check if Schedule O contains a response or note to any line in this Part VII		. \square
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
year.	, , , , , , , , , , , , , , , , , , , ,	3	tion's tax
	npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a cable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt intus with respect to such arrangements? In C. Disclosure It the states with which a copy of this Form 990 is required to be filed FL ction 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 1(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) scribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest licy, and financial statements available to the public during the tax year. ate the name, address, and telephone number of the person who possesses the organization's books and records: DEVIN O'CONNOR 620 E TWIGGS ST STE 309 TAMPA, FL 336023929 (813) 843-1324 Page 7 Page 7 Page 7 Page 7 Page 7 O (2022) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII On A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees lete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		00 000 from

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related o	rganiz	zation compens	ated	d an	y curr	ent	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutional Trustee; Former Former Former						(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEVIN O'CONNOR DIRECTOR	40.00	Х		х				191,819	0	0
(2) NASTASSIA O'CONNOR DIRECTOR	40.00	Х		X				132,250	0	0
(3) DORJAN KRAJA BOD/TREASURE		Х						0	0	0
(4) RACHEL RADAWEC BOD/PRESEIDE		Х						0	0	0
(5) AUBREE ROSE BOD/SECRETAR		х		x				0	0	0
(6) ALI STEVENSON BOD/REPRESEN		Х						0	0	0

								-								
								+								
								+								
-																
								\bot								
															Farm 00	A /202
															Form 99	U (2022
					Dog	0										
					Pag	je 8										
n 990 (2022)																Page
art VII Section A. Officers,	Directors,	Truste	es, Ke	ey Em	ploy	ees	s, aı	nd Hi	ghe	est C	om	pensated	Emp	lovees (cor	ntinued)	
,			,	-,	F,		-,		<i>J</i>							
(A)	(B)	1_			(C)							D)	_	(E)	(F	
Name and title	Average hours per		Position (do not check more than box, unless person is both an offi							Reportable compensation				eportable npensation	Estim amount	
	week (list			id a di						from the from related					comper	nsation
	any hours for related	2 5				Q	줎	흥분	Ţ	org		ation (W- .099-		ganizations V-2/1099-	from organiza	
	organizatio	ns 🎴 🗟	Ins	stituti	onal	Officer	Key employee	Highest compensated employee	Former	MIS		099-NEC)		C/1099-NEC)	rela	ted
	below dotte line)	ed 중 문	Tru	ıstee;		W	ήp	st o	Œ						organiz	ations
	iiile)	2 =	-				юy	eon								
		25					9	npe								
		9						ans:								
								at e								
			_					d								
	 															
	 									-						
			-						1							
	1									1						
					-											
								-								
									-							
Sub-Total	ts to Part VII,	Sectio	nΑ.						-			324 050				
Total from continuation sheet Total (add lines 1b and 1c) .	ts to Part VII,	Sectio	n A .					•	•			324,069				
Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (inc	ts to Part VII,	Sectio 	nA.		sted a	abov	ve) v	•	•	ved m	nore		0,000			
Total from continuation sheet Total (add lines 1b and 1c) .	ts to Part VII,	Sectio 	nA.		sted a	abov	ve) v	•	•	ved m	nore		0,000			
Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (inc	ts to Part VII,	Sectio 	nA.		sted a	abov	ve) v	•	•	ved m	nore		0,000		Yes	No
Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (inc	cluding but nom the organi	ot limite zation	n A . ed to the 2	hose li				who re	ecei			than \$100		ee on	Yes	No

Grow Group - Full Filing- Nonprofit Explorer - ProPublica

4/18/24, 1:49 PM

4/18/	24, 1:49 PM		Grow G	Group - Full Filing- No	onprofit Ex	plorer - Pr	oPublica			
	organization and related organi individual	zations great	ter than \$150,000?	If "Yes," complete S	Schedule J	for such		4	Yes	
5	Did any person listed on line 1a services rendered to the organi		•	•	_			5		No
S	ection B. Independent Con	tractors								
1	Complete this table for your five from the organization. Report c	e highest cor	npensated independent	dent contractors thatear ending with or w	t received ithin the o	more thai	n \$100,000 of cor n's tax year.	npens	ation	
		(A Name and busi)	-			(B) cription of services		(C Comper	
2	Total number of independent cont compensation from the organizati	ractors (incluent	uding but not limite	d to those listed abo	ve) who re	eceived m	ore than \$100,00	0 of		
								ı	Form 99	0 (2022)
				Page 9						
Form	n 990 (2022)									Page 9
	art VIII Statement of Reve	enue								rage J
	Check if Schedule O co	ontains a resp	oonse or note to an					<u> </u>		
				(A) Total revenue	Relat	B) ed or	(C) Unrelated	Rev		nue
					func		business revenue			sections
	Federated campaigns	1a			reve	enue			512 -	514
	tributions,									
	Membership dues erAmt	1b								
Simi Arfic	ilar ក្រុមស្នាraising events	1c								
d	Related organizations	1d								
е	Government grants (contributions) 1,679,537	1e								
	All other contributions, gifts, grants, and similar amounts not included above	1f								
	25,000 Noncash contributions included in lines 1a - 1f:\$	1 g								
	ı									
h	Total. Add lines 1a-1f		1,704,537							
	25		Business Code							
ı	2a ¤									
9										
á								+		
, die										
8	<u>.</u>									
Program Service Bevenue	-									
ď	f All other program service reve	enue.								
	9 Total. Add lines 2a–2f				<u> </u>		<u> </u>			
\exists	3 Investment income (including	dividends, in	terest, and other	18		18				
	similar amounts)		nd proceeds							
	5 Royalties	•								

10/	24, 1.49 FW				G	ilow Gio	oup - Fuii i	-IIIIig- INO	ilbiolit Explorei	10	Publica		
			(i) Rea	ıl	(ii) Person	nal							
	6a Gross rents	6a											
	b Less: rental expenses	6b											
	c Rental income or (loss)	6с											
	d Net rental income	or (I	loss)		٠	•				İ			
			(i) Securi		(ii) Othe	-							
4	7a Gross amount from sales of assets other than inventory	7a											
Other Revenue	Less: cost or other basis and sales expenses	7b											
ģ	Gain or (loss)	7c											
	d Net gain or (loss) a Gross income from fure (not including \$ contributions reported See Part IV, line 18 b Less: direct expense or Net income or (loss) Gross income from grose Part IV, line 19 b Less: direct expense or Net income or (loss) C Net income or (loss) 10aGross sales of inverseturns and allowate b Less: cost of goods C Net income or (loss)	ndrais d on li sess ses s) frc sess ses s) frc ntory nces s solo	of ne 1c). on 1c). on fundraising activities. om gaming a	8a 8b ng eve 9a 9b ctivitie	es								
	11a				Business Co	ode							
	b												
Oth	er R evenueMiscAmt												_
	d All other revenue												
	e Total. Add lines 13	1a-1	1d		1	•							
	12 Total revenue. Se	ee ins	structions .	•	•	•	:	1,704,555		18			
												Form 990 (2	022)

- Page 10 -

Form 990 (2022) Page **10**

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15

and 16

 1 Cash-non-interest-bearing
 End of year

 2 Savings and temporary cash investments
 504,979
 1
 521,232

 2 Savings and temporary cash investments
 35,311
 2
 35,328

(A)

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

(B)

4/18/	24, 1:	49 PM	Grow Group - Full Filing- Nonprofit	Explorer - ProPublica	а	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		40,712	4	31,131
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s			6	
s	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
Ass	9	Prepaid expenses and deferred charges			9	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	2 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	581,002	16	587,691
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .		22		
Ï	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2- Complete Part X of Schedule D		190	25	1,696
	26	Total liabilities. Add lines 17 through 25 .		190	26	1,696
Balances		Organizations that follow FASB ASC 958, clomplete lines 27, 28, 32, and 33.	heck here ▶ ☑ and	500.043	1	585.995
Sale	27	Net assets without donor restrictions		580,812		565,995
-	28	Net assets with donor restrictions			28	
Fund		Organizations that do not follow FASB ASC	958, check here ▶ □ and			
0	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		į	29	
ts	30	Paid-in or capital surplus, or land, building or ed			30	
Assets	31	Retained earnings, endowment, accumulated in	· ·		31	
	32	Total net assets or fund balances		580,812	32	585,995
Net	33	Total liabilities and net assets/fund balances .		581,002	33	587,691
1000				,		Form 990 (2022)

— Page 12 —

Form 990	(2022)		Page 12
Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🔽
1 Tota	al revenue (must equal Part VIII, column (A), line 12)	1	1,704,555
2 Tota	al expenses (must equal Part IX, column (A), line 25)	2	1,689,791
3 Rev	venue less expenses. Subtract line 2 from line 1	3	14,764
4 Net	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	580,812
5 Net	t unrealized gains (losses) on investments	5	
6 Dor	nated services and use of facilities	6	
7 Inv	restment expenses	7	
8 Prio	or period adjustments	8	

	4, 1:49 PM Grow Group - Full Filing- Nonprofit Explorer - ProPublica			
	Other changes in net assets or fund balances (explain in Schedule O)			-9,581
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		5	85,995
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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 in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	m 990	(2022)
	ditional Data	Return t	to For	m
	Software ID:			
	Software Version:			
Forn	n 990, Special Condition Description:			

efile Public Visual Render

ObjectId: 202321589349300222 - Submission: 2023-06-07

TIN: 27-3549225

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

			•					Inspection
		he organization ROUP INC					Employer identific	ation number
							27-3549225	
	organiz	Reason for Public ation is not a private four					See instructions.	
1	Or garinz	A church, convention of		•	J ,	, ,	(A)(i).	
2		A school described in se	•			, ,, ,	(~)(.).	
_					•		:::>	
3		A hospital or a cooperat	•	_			•	-kkh hk-11-
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a nospital desci	ribed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).	
7		An organization that not section 170(b)(1)(A)	(vi). (Complete	e Part II.)			nit or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college o	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:	
10	~	An organization that not from activities related to investment income and 30, 1975. See section !	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup	organization sup porting organiz	ervised or controlled in ation vested in the sar				
С		must complete Part I' Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	d. A supporting organing organical must satisfied to the satisfied of th	ization operated fy a distribution	in connection wirequirement and	th its supported organ	
е		Check this box if the orgintegrated, or Type III n	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported	dorganizations				<u> </u>	
g		de the following informati						
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	al							
		work Reduction Act Not	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2022
orr	n 990	or 990-EZ.	·					,
				Pa	ge 2 ———			
		(Form 990) 2022						Page 2
Pa	art II	(Complete only if y	ou checked th	rations Described ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qua	
		if the organization	raned to qual	ify under the tests I	istea below, p	iease complete	rart III.)	

Section A. Public Support

Calendar vear

4/18	/24, 1:49 PM		Grow Group - Ful	II Filing- Nonprofit	Explorer - ProPub	ica	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
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. Section B. Total Support						
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o	r fiscal year beginning in) Amounts from line 4	(4) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(1) Total
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10 Gross receipts from related activities, 6	atc (see instruction	ne)			12	
12	First 5 years. If the Form 990 is for th	•	•			<u> </u>	ization check
13	•	-		•	•		ization, thetk
_	this box and stop here				<u> </u>		
	Public support percentage for 2022 (lin		_	column (f))		14	
	Public support percentage for 2021 Sch					15	
	33 1/3% support test—2022. If the						oox
	and stop here. The organization qualit						
Ŀ		organization did r	not check a box or	n line 13 or 16a, a	nd line 15 is 33 _{1/}	3% or more, check	this _
	box and stop here. The organization						
17 a	10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
b	10%-facts-and-circumstances tes	t-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, d	or 17a, and line 15	is 10% or
	more, and if the organization meets the						
10	meets the "facts-and-circumstances" to Private foundation. If the organization						▶∪
10	instructions						▶□
						Schedule A (F	orm 990) 2022
_			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for						D
	(Complete only if you the organization fails t						er Part II. II
-5	Section A. Public Support	4			-	,	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0	r fiscal year beginning in) F Gifts, grants, contributions, and						
_	membership fees received. (Do not	1,422,212	1,595,934	1,586,341	2,137,395	1,704,537	8,446,419
2	include any "unusual grants.") . Gross receipts from admissions,	 					
_	merchandise sold or services	_	_	_	_	_	_
	performed, or facilities furnished in any activity that is related to the	2	6	13	13	18	52
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or	_					
	business under section 513	1					
				i e	i e		

Tax revenues levied for the

4/18/2	24, 1:49 PM		Grow Group - Ful	II Filing- Nonprofit	Explorer - ProPub	ica			
	paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	1,422,214	1,595,940	1,586,354	2,137,408	1,704,55	5	8,4	46,471
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3						-		
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c							8,4	46,471
	from line 6.) ection B. Total Support							-, .	
_	endar year	(-) 2010	(b) 2010	(-) 2020	(4) 2021	(a) 2022	(6)	Takal	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		Total	
9	Amounts from line 6	1,422,214	1,595,940	1,586,354	2,137,408	1,704,55	5	8,4	46,471
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain								
	or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						_		
13	11, and 12.)	1,422,214	1,595,940					-	46,471
14	First 5 years. If the Form 990 is for	_			-				_
	this box and stop here				<u></u>			1	ightharpoons
	ection C. Computation of Public Public support percentage for 2022 (I	Support Perce	entage	column (f))		1451		100	000.0/
15 16	Public support percentage for 2022 (Figure 2021)					15 16			000 % 000 %
	ection D. Computation of Inves					10		100.	000 /
36		rineiit Tiicoiiie	reicentage	line 13 column (f))	4-			0 %
	Investment income percentage for 20	122 (line 10c, colu	mn (f) divided by	iiile 13, coluiliii (11/1			
17	Investment income percentage for 20 Investment income percentage from the second sec					17			
17 18	Investment income percentage from	2021 Schedule A,	Part III, line 17 .			18	ne 17 i	is not	0 %
17 18	-	2021 Schedule A, organization did	Part III, line 17 . not check the box	on line 14, and line	ne 15 is more than	18 n 33 1/3%, and lin		is not	
17 18 19a	Investment income percentage from 33 1/3% support tests-2022. If the	2021 Schedule A, organization did id stop here. The	Part III, line 17 . not check the box organization qual	on line 14, and linifies as a publicly	ne 15 is more than	18 and 33 1/3%, and lination)	✓	0 %
17 18 19a	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an	2021 Schedule A, organization did I d stop here. The e organization did	Part III, line 17 . not check the box organization qual not check a box	on line 14, and ling ifies as a publicly on line 14 or line 1	ne 15 is more than supported organiz 19a, and line 16 is	18 n 33 1/3%, and lination	↓ ₃% an	▶ <mark>✓</mark> id line :	0 %
17 18 19a	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo	2021 Schedule A, organization did red stop here. The e organization did x and stop here.	Part III, line 17. not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line i qualifies as a publ	ne 15 is more than supported organiz 19a, and line 16 is icly supported org	18 ation	▶ 3% an ▶	d line :	0 %
17 18 19a b	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the	2021 Schedule A, organization did red stop here. The e organization did x and stop here.	Part III, line 17. not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line i qualifies as a publ	ne 15 is more than supported organiz 19a, and line 16 is icly supported org	18 ation	▶ 3% an ▶	d line :	0 %
17 18 19a b	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo	2021 Schedule A, organization did red stop here. The e organization did x and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line i qualifies as a publ	ne 15 is more than supported organiz 19a, and line 16 is icly supported org	18 ation	▶ 3% an ▶	d line :	0 %
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17 18 19a b 20	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo Private foundation. If the organizate	2021 Schedule A, organization did reduced to stop here. The e organization did x and stop here. ion did not check a	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line I qualifies as a publ	ne 15 is more than supported organiz 19a, and line 16 is icly supported org	18 ation	▶ 3% an ▶	990)	0 % 18 is 2022
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17 18 19a b 20	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo Private foundation. If the organizate dule A (Form 990) 2022 To Supporting Organization (Complete only if you checked)	2021 Schedule A, organization did i d stop here. The e organization did x and stop here. ion did not check a a box on line 12 cections A and C. If ons A and D, and c	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you che	on line 14, and lini ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is icly supported orgonal this box and see	18 n 33 1/3%, and lination		d line :	0 % 18 is 2022 age 4
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17 18 19a b 20	Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo Private foundation. If the organizate dule A (Form 990) 2022 **TV** Supporting Organization* (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization* Are all of the organization's supported.	co21 Schedule A, organization did id stop here. The e organization did ix and stop here. ion did not check a so box on line 12 cections A and C. If ons A and D, and cozations	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.)	on line 14, and lini ifies as a publicly on line 14 or line 1 qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, cone e organization's go	ne 15 is more than supported organizations and line 16 is icly supported orgations and see this box and see if Part I, complete implete Sections A	18 n 33 1/3%, and lin ation s more than 33 1/ anization instructions . Schedule A (990) Pau checked box	0 % 18 is 2022 age 4
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C	Did the organization ensure that all support to such organizations was used exclusively for section 1/0(c)(z)(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	3с		
- 7a	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	70		
	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	5a		
	amendment to the organizing document).	ъа		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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,"	7		1
_	complete Part I of Schedule L (Form 990).	8		
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 .			
ь	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9с		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Dana E			
	Page 5			
Sche	dule A (Form 990) 2022			Page 5
	t IV Supporting Organizations (continued)			age J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No
-	appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_		
Se	ection C. Type II Supporting Organizations			
			Yes	No

/18/3	24, 1:49 PM Grow Group - Full Filing- Non	nrofit F	volorer - ProPublica			
1	Were a majority of the organization's directors or trustees during the tax year also a each of the organization's supported organization(s)? If "No," describe in Part VI ho supporting organization was vested in the same persons that controlled or managed	majorit <i>w contr</i>	y of the directors or trustees o ol or management of the	1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day o tax year, (i) a written notice describing the type and amount of support provided durform 990 that was most recently filed as of the date of notification, and (iii) copies o documents in effect on the date of notification, to the extent not previously provided	ing the f the or	prior tax year, (ii) a copy of th			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the support	"No," e	xplain in Part VI how the	2		
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	ation's i	ncome or assets at all times			
Se	ection E. Type III Functionally-Integrated Supporting Organizations				•	
1	Check the box next to the method that the organization used to satisfy the Integral F	Part Tes	t during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complet	te line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how y	ou supp	ported a government entity (se	e instru	ctions)	
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 supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purposes to those supported organizations, and how the organization determined to	n Part \ poses, l	/I identify those supported how the organization was			
	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in organization's involvement.	." expla	in in Part VI the reasons for	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 of the supported organizations? If "Yes" or "No", provide details in Part VI.	ficers,	directors, or trustees of each o	f 3a		
b	Did the organization exercise a substantial degree of direction over the policies, prog supported organizations? If "Yes," describe in Part VI. the role played by the organizations?					
			Schedule :	3b	2 000)	2022
	Page 6 ————		Schedule			
	dule A (Form 990) 2022				Р	age 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting (
1	Check here if the organization satisfied the Integral Part Test as a qualifying triinstructions. All other Type III non-functionally integrated supporting organization.		nust complete Sections A thro	ugĥ E.		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curr (optio	rent Yea onal)	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				

е	Discount claimed for blockage or other factors (explain in detail in Part VI):		1	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat		
			Schedu	ıle A (Form 990) 2022

----- Page 7 -----

Schedule A (Form 990) 2022

Page **7**

ection D - Distributions				Current Year
. Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers		organizations, in		
excess of income from activity			2	
Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
Distributable amount for 2022 from Section C, line 6			9	
LO Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
Carryover from 2017 not applied (see				
instructions)				
instructions)				

Additiona	al Data					Return to Form
					Sch	nedule A (Form 990) 202
Retu	rn Reference		_	Explanation		
		Fac	cts And Circumsta	nces Test		
Pai Se	ection D, lines 2 ection D, lines 2 ection D, lines 5, 6, and structions).	and 3; Part IV, Section	n E, lines 1c, 2a, 2b	, 3a and 3b; Part V, lir	ne 1; Part V, Section	on B, line 1e; Part V
	ipplemental Informat					Page { ; Part III, line 12; Part IV, Part IV, Section C, line 1;
			Page 8			
e Excess from	m 2022				Sche	edule A (Form 990) (2022
	m 2021					
	m 2020					
	m 2018 m 2019					
8 Breakdown o						
7 Excess dist 3j and 4c.	ributions carryover to	2023. Add lines				
lines 3h and	underdistributions for 20 d 4b from line 1. If the a explain in Part VI . See	amount is greater				
2022, if any	Inderdistributions for ye y. Subtract lines 3g and unt is greater than zero, ttions.	4a from line 2.				
c Remainder.	Subtract lines 4a and 4	b from line 4.				
	2022 distributable arriot	III.				
b Applied to 2	2022 dictributable amou	nt				

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Schedule B		lule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach t	to Form 990, 990-EZ, or 990-PF. gov/Form990 for the latest information.		2022
Name of the organization THE GROW GROUP INC			Employer	identification number
Organization type (check	one):		27-354922	5
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number)	organization		
		_		
		aritable trust not treated as a private fo	undation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private f	foundation		
	4947(a)(1) nonexempt cha	aritable trust treated as a private found	ation	
	☐ 501(c)(3) taxable private f	oundation		
money or other procontributions. Special Rules For an organization under sections 509 received from any of the procontributions.	roperty) from any one contributor. (described in section 501(c)(3) filin (a)(1) and 170(b)(1)(A)(vi), that ch	-PF that received, during the year, cont Complete Parts I and II. See instruction ng Form 990 or 990-EZ that met the 33 lecked Schedule A (Form 990 or 990-E tal contributions of the greater of (1) \$5	ns for determining 3 ¹ /3% support test Z), Part II, line 13	g a contributor's total t of the regulations 3, 16a, or 16b, and that
☐ For an organization during the year, tota	described in section 501(c)(7), (8 al contributions of more than \$1,00	B), or (10) filing Form 990 or 990-EZ tha 00 <i>exclusively</i> for religious, charitable, sor animals. Complete Parts I, II, and III.	scientific, literary,	
during the year, cor If this box is checke purpose. Don't com	ntributions exclusively for religious ed, enter here the total contribution uplete any of the parts unless the C	s), or (10) filing Form 990 or 990-EZ that, charitable, etc., purposes, but no such as that were received during the year for General Rule applies to this organization or more during the year	h contributions to or an <i>exclusively</i> on on because it rec	staled more than \$1,000. religious, charitable, etc., reived <i>nonexclusively</i>
990-EZ, or 990-PF), but it r	must answer "No" on Part IV, line :	Rule and/or the Special Rules doesn't fil 2, of its Form 990; or check the box on leet the filing requirements of Schedule	ı line H of its Forn	
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-P		Cat. No. 30613X	< s	chedule B (Form 990) (2022)
		—— Page 2 ————		
Schedule B (Form 990) (20	•		Page 2	
Name of organization			Employer identifi	ication number

Name of organization
THE GROW GROUD INC

utors	ontributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
CTED		\$ RESTRICTED	Person Payroll Noncash
,			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$_	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
_		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash
		<u> </u>	contributions.) Schedule B (Form 990) (2

Schedule B (Form 990 Name of organization THE GROW GROUP INC **Employer identification number** 27-3549225 Part II $\textbf{Noncash Property} \ (\textbf{see instructions}). \ \textbf{Use duplicate copies of Part II if additional space is needed}.$ (a) No. from (c) FMV (or estimate) (d) Date received (b) Description of noncash property given Part I (See instructions)

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(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Decemplies of noncolon property given	(See instructions) \$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =			
<u> </u>		\	Schedule B (Form 990) (2022)
	Page 4 ——		
Schedule B (Form	990) (2022)		Page 4

	(
	rganization V GROUP INC		Employer identification number
THE GROV	V GROOT INC		27-3549225
Part III	than \$1,000 for the year from any one cont	ributor. Complete columns (a) through total of exclusively religious, charitable tructions.) \$	n section 501(c)(7), (8), or (10) that total more n (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a)	/h\ Burnoon of gift	(a) Llog of gift	(d) Description of how gift is hold

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Part I	(2) . 4. 2000 0. 3	Ī	(0, 000 0: g	(a) Socoription of non-girt to note
_		.		-
· <u> </u>			(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
. =		:		
_	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relation	nship of transferor to transferee
			_	
<u> </u>			<u>. l</u>	Schedule B (Form 990) (2022
Addition	al Data			Return to Form

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TIN: 27-3549225

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	tment of the Treasury	Go to www.irs.gov/Form	Attach to Form		nd the latest infe			-	n to Public spection
	me of the organ		330 for mistruction	JIIS a	ind the latest info			ntification	
	GROW GROUP INC					-	49225		
Pa	rt I Organi	zations Maintaining Donor Advis	sed Funds or O	ther	Similar Funds o				
		ete if the organization answered "Yes				, ,,,,,,,			
			(a) Dono	r advi	ised funds	(b) Funds	and other	accounts
1	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
3		of grants from (during year)							
4	Aggregate value	at end of year							
5		ation inform all donors and donor advisor property, subject to the organization's exc					nds are t		Yes 🗆 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, o	r for	any other purpose of			nissible	Yes □ No
Pa		rvation Easements. te if the organization answered "Yes	s" on Form 990,	Part	IV, line 7.				res U No
1	Purpose(s) of co	onservation easements held by the organ	ization (check all t	hat a	pply).				
	Preservation	on of land for public use (e.g., recreation	or education)		Preservation of an	historic	ally impo	rtant land	area
	Protection	of natural habitat			Preservation of a	certified	historic s	structure	
	Preservation	on of open space							
2		2a through 2d if the organization held a	qualified conservat	ion co	ontribution in the fo	rm of a o	onservat	ion	
_		e last day of the tax year.	quaeu eeee. ruc			Γ			of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
c	Number of conse	ervation easements on a certified historic	structure included	l in (a	a)	2c			
d		ervation easements included in (c) acquir e listed in the National Register .	red after July 25, 2	.006,	and not on a	2d			
3	Number of cons tax year ▶	servation easements modified, transferred	d, released, exting	uished	d, or terminated by	the orga	ınization	during the	
4	Number of state	es where property subject to conservation	n easement is locat	ted 🕨					
5		ization have a written policy regarding that of the conservation easements it holds				of violat	ions,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspect	ting, handling of vi	olatio	ns, and enforcing co	onservat	ion ease	ments durir	ng the year
Ü	•		5.						,
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violatio	ns, a	nd enforcing conser	vation e	asements	s during the	e year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?				70(h)(4)	(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports conse and include, if applicable, the text of the n's accounting for conservation easement	footnote to the org						
Par		zations Maintaining Collections		al Tr	easures, or Oth	er Sim	ilar As	sets.	
,		ete if the organization answered "Yes							
1a	historical treasu	ion elected, as permitted under FASB ASG ures, or other similar assets held for publi ext of the footnote to its financial stateme	ic exhibition, educa	ation,	or research in furth				
b	historical treasu	ion elected, as permitted under FASB ASG ures, or other similar assets held for publi nts relating to these items:							
(-	ded on Form 990, Part VIII, line 1					▶ \$		
		I in Form 990, Part X							
2	If the organizat	ion received or held works of art, historic nts required to be reported under FASB A	al treasures, or otl	ner si	milar assets for fina			le the	
а		ed on Form 990, Part VIII, line 1					▶ \$		
b	Assets included	in Form 990, Part X · · · · · · ·					 s		

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

Schedule D (Form 990) 2022

Cat. No. 52283D

— Page 2 ——

Sche	dule D	(Form 990) 2022											Page 2
Par	t III	Organizations Main	ntaining Col	lections of Art	Histori	cal Tı	easur	es, or	Other	Similar A	ssets (cor	ntinued)	-
3		the organization's acquis (check all that apply):	sition, accession	n, and other record		any of	the follo	owing t	hat are a	significant	use of its co	ollection	
а		Public exhibition			d		Loan o	r excha	nge prog	grams			
b		Scholarly research			е		Other						
С		Preservation for future g	enerations										
4	Provi Part)	de a description of the org	ganization's col	lections and explai	n how the	y furth	er the	organiz	ation's e	xempt purp	ose in		
5		g the year, did the organi s to be sold to raise funds									☐ Yes		lo
Pa	rt IV	Escrow and Custoc Complete if the orga line 21.			orm 990,	, Part	IV, line	e 9, or	reporte	d an amou	unt on For	m 990,	Part X,
1a		e organization an agent, to led on Form 990, Part X?									☐ Yes		lo
b	If "Ye	es," explain the arrangeme	ent in Part XIII	and complete the	following	table:		Ī			Amount		
c	Begin	ining balance						Ī	1c				_
d	Addit	ions during the year						. [1d				_
е	Distri	butions during the year .						. [1e				
f	Endin	ig balance							1f				
2a	Did tl	ne organization include ar	amount on Fo	rm 990, Part X, lir	e 21, for	escrow	or cust	todial a	ccount lia	ability?	Yes		lo
b		s," explain the arrangeme											
Pa	rt V	Endowment Funds									<u> </u>		
		Complete if the orga	nization ansv										
	Danina	:f balance		(a) Current year	(b) P	rior yea	r (d	c) Two ye	ears back	(d) Three ye	ears back (e) Four yea	ars back
	_	ing of year balance .											
		outions											
		restment earnings, gains,											
		or scholarships	•		1								
	and pr	expenditures for facilities ograms											
		strative expenses											
g		year balance											
2		de the estimated percenta	_	ent year end balan	ce (line 1g	g, colui	mn (a))	held as	s:				
а		d designated or quasi-end	owment -										
b		anent endowment 🕨											
С		endowment 🕨											
За	Are tl	percentages on lines 2a, 2 here endowment funds no nization by:	•	•	zation that	are h	eld and	admini	stered fo	r the		Yes	No
	_	nrelated organizations .									3a(i		
	. ,	Related organizations .									3a(i	-	
b		s" on 3a(ii), are the relate			d on Sche	dule R	? .				. 3b		
4	Desci	ribe in Part XIII the intend	led uses of the	organization's end	lowment f	unds.							
Pa	rt VI	Land, Buildings, ar											
	Doccri	Complete if the orga	(a) Cost or oth		orm 990 _, ost or other					'm 990, Pa depreciation		L O. Book valu	
	Descri	ption of property	(investme		ost of other	Dasis (C	otilei)	(C) Acci	arriulateu (дергестация	(u)	DOOK Valu	C
1-	Land												
		gs											
		old improvements											
		nent											
		ines 1a through 1e. (Colu	ımn (d) must a	equal Form 990 P	art X colu	mn /P	line 1	0(c))		>			
. 012	ar Auu	mics to unough te. (CON	anni (u) illust t	.quai i 01111 330, Pa	ii c A, COIU	(<i>B)</i>	, iiie 1	U(U/. /	• •		hedule D (I	Form 00	10) 2022
										30	(J, 2022

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Schedule D (Form 990) 2022

Page **3**

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)		(c) Method of valuation:
(including name of security)	Book value		t or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
A)			
В)			
C)			
D)			
E)			
F)			
(G)			
(н)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
2)			
(3)			
(4)			
5)			
(6)			
7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See Fo	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) .			
		<u> </u>	1
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	D	44. 4460	F 000 P- X 35

IRA	PAYABLE				1,696
otal.	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	1,696
	ability for uncertain tax positions. In Part XIII, provide the text of the footnot	e to the o	rganization's financial sta		· · · · · · · · · · · · · · · · · · ·
gar	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check l	here if the	e text of the footnote has	been provide	d in Part XIII
				Schedule D	(Form 990) 2022
	Page 4 —				
her	dule D (Form 990) 2022				Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ments	With Revenue ner R	eturn	Page 4
-	Complete if the organization answered 'Yes' on Form 990, F				
	Total revenue, gains, and other support per audited financial statements .			1	1,694,974
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-9,581	1	
е	Add lines 2a through 2d			2e	-9,581
	Subtract line 2e from line 1			3	1,704,555
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	l2.) .		5	1,704,555
ar	t XII Reconciliation of Expenses per Audited Financial Stat		•	Return.	
	Complete if the organization answered 'Yes' on Form 990, F Total expenses and losses per audited financial statements		ine 12a.	1	1 600 701
!					1,689,791
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1 25	I		
a L		2a		-	
b	Prior year adjustments	2b 2c		-	
٦ C		2d		-	
d a	Other (Describe in Part XIII.)	Zu		_ 2e	
е	Subtract line 2e from line 1			2e 3	1,689,791
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	1,009,791
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ĺ		
2		4a 4b		-	
	Other (Describe in Part XIII.)		<u> </u>	-	
b	Auu iiiles 4d diiu 4D			4c 5	1,689,791
a b c		10 \			1,009,791
b c	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.) .			
b c Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information			_ _	+ V. line 2: P= + VT
b c Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	and 4; Par	t IV, lines 1b and 2b; Par	_ _	t X, line 2; Part XI,
b c Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Par	t IV, lines 1b and 2b; Par	_ _	t X, line 2; Part XI,

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(Form 990)

efile Public Visual Render ObjectId: 202321589349300222 - Submission: 2023-06-07 TIN: 27-3549225 OMB No. 1545-0047 **Compensation Information** Schedule J

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	GROW GROUP INC 27-3549225	O	bci	
Pa	rt I Questions Regarding Compensation			
	4.2000000 Negaramiy compensation		Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III .	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section	-		
	53.4958-6(c)?	9		
For F	aperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J	Form	990)	2022

Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		and other	(C) Retirement and other (D) Nontaxable (E) Total of columns (F) Compensation	Compensation in	
A SOUTH OFFICIAL OF		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
DIRECTOR	(i) (ii)	191,819					191,819	

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				•	•		Schedule J (Fo	rm 990) 2022
		——— Р	age 3 ———					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part	I lines 1a 1	lh 3 4a 4h 4c '	5a 5h 6a 6h 7	and 8 and for Par	t II. Also complete	this part for any	additional infor	mation
Return Reference	1/ 11100 10/ 1	10/0/10/10/10/		explanation	t III / 1150 comprete	and pare for any	addicional inion	
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ObjectId: 202321589349300222 - Submission: 2023-06-07

TIN: 27-3549225

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 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization THE GROW GROUP INC

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

Employer identification number

27-3549225

	27-3549225
Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	THE GROW GROUP
FORM 990 - ORGANIZATIO MISSION	THE GROW GROUP IS AN ORGANIZATION THAT BELIEVES THAT ALL PEOPLE HAVE THE RIGHT TO WORK. BY INBOVIDING EMPLOYMENT SERVICES AND SUPPORTED EMPLOYMENT TO PEOPLE WITH DISABILITIES WE ARE ABLE TO ASSIST THESE INDIVIDUALS TO OBTAIN MEANINGFUL EMPLOYMENT AND CONTRIBUTE TO THEIR COMMUNITY.
FORM 990, PAGE 6, PART VI, LINE 9	AGNES BLACK 10533 SILHAVY DR. LARGO, FL 33774 SARAH FERNANDEZ 220 5TH AVE SOUTH 19C JACKSONVILLE, FL 32250 ANDREW J. DEMELAS 15140 SPRINGVIEW ST. TAMPA, FL 33624 LEONARDO MORETTI 150 E. ROBINSON ST. 2212 ORLANDO, FL 32801 THOMAS B DAY 1515 JEFFERSON DAVIS HIGHWAY ARLINGTON, VA 22202 AUBREE ROSE 14917 OLD POINTE RD TAMPA, FL 33613
FORM 990, PAGE 6, PART VI, LINE 11B	THE DIRECTOR OF THE GROW GROUP, DEVIN O'CONNOR, HAS REVIEWED THE FORM 990 AS SUBMITTED.
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	ACCOUNTS RECEIVABLE - ACCRUAL TO CASH -9,581

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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