

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
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**Open to Public Inspection**

**For calendar year 2022 or tax year beginning and ending**

Name of foundation <b>NATURE SACRED</b>		<b>A Employer identification number</b> 42-1263576
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b> (410) 268-1376
105 ANNAPOLIS STREET City or town, state or province, country, and ZIP or foreign postal code ANNAPOLIS, MD 21401		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>G</b> Check all that apply:	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	
<b>H</b> Check type of organization:	<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 9,186,107.	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	1,259,917.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	25,927.	19,678.	25,927.	
4 Dividends and interest from securities	120,690.	81,433.	120,690.	
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	95,458.			
b Gross sales price for all assets on line 6a 3,134,387.				
7 Capital gain net income (from Part IV, line 2)		74,291.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	156,865.	-3.	156,865.	STMT 1
12 <b>Total.</b> Add lines 1 through 11	1,658,857.	175,399.	303,482.	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	255,276.			255,276.
14 Other employee salaries and wages	228,162.			230,687.
15 Pension plans, employee benefits	82,479.			82,479.
16a Legal fees (attach schedule) STMT 2	15,284.	NONE	NONE	15,284.
b Accounting fees (attach schedule) STMT 3	48,827.	1,456.	NONE	48,644.
c Other professional fees (attach schedule) *	362,511.	56,697.		301,689.
17 Interest				
18 Taxes (attach schedule) (see instructions) **	29,060.	1,445.		197.
19 Depreciation (attach schedule) and depletion	46,513.			
20 Occupancy	22,077.			22,077.
21 Travel, conferences, and meetings	23,955.			24,152.
22 Printing and publications				
23 Other expenses (attach schedule) STMT 7	520,494.	8,157.	98,336.	423,742.
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23.	1,634,638.	67,755.	98,336.	1,404,227.
25 Contributions, gifts, grants paid	78,955.			70,695.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,713,593.	67,755.	98,336.	1,474,922.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-54,736.			
b <b>Net investment income</b> (if negative, enter -0-)		107,644.		
c <b>Adjusted net income</b> (if negative, enter -0-)			205,146.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing . . . . .	565,558.	142,181.	142,181.	
	2	Savings and temporary cash investments . . . . .	2,415,382.	916,730.	916,730.	
	3	Accounts receivable				
		Less: allowance for doubtful accounts _____				
	4	Pledges receivable _____				
		Less: allowance for doubtful accounts _____				
	5	Grants receivable . . . . .	50,000.			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .				
	7	Other notes and loans receivable (attach schedule) _____				
		Less: allowance for doubtful accounts _____				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . . STMT 8 . .	13,165.	30,184.	30,184.	
	10a	Investments - U.S. and state government obligations (attach schedule).**	1,357,646.	2,888,348.	2,888,348.	
	b	Investments - corporate stock (attach schedule) . STMT 10 .	2,421,675.	2,589,522.	2,589,522.	
	c	Investments - corporate bonds (attach schedule) . STMT 11 .	1,990,785.	1,544,328.	1,544,328.	
	11	Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____				
12	Investments - mortgage loans . . . . .					
13	Investments - other (attach schedule) . . . . . STMT 12 .	1,731,917.	1,064,129.	1,064,129.		
14	Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____	252,424. 242,739.	50,746.	9,685.	9,685.	
15	Other assets (describe _____ STMT 13 )	1,000.	1,000.	1,000.		
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	10,597,874.	9,186,107.	9,186,107.		
Liabilities	17	Accounts payable and accrued expenses . . . . .	17,572.	25,669.		
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons . .				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe _____ STMT 14 )	7,890.	9,431.		
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	25,462.	35,100.			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions . . . . .	8,845,490.	7,664,584.		
	25	Net assets with donor restrictions . . . . .	1,726,922.	1,486,423.		
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds . . . . .				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .				
	28	Retained earnings, accumulated income, endowment, or other funds . .				
29	<b>Total net assets or fund balances</b> (see instructions) . . . . .	10,572,412.	9,151,007.			
30	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	10,597,874.	9,186,107.			

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	10,572,412.
2	Enter amount from Part I, line 27a . . . . .	2	-54,736.
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	10,517,676.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 15	5	1,366,669.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 . . . .	6	9,151,007.

\*\* STMT 9

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a SEE PART IV SCHEDULE				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	74,291.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }	3	-1,817.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	1,496.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3	Add lines 1 and 2	3	1,496.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	1,496.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	16,343.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	16,343.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	5.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	14,842.
11	Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 14,842. <b>Refunded</b>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	X	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <u>AL, CA, DC, FL, IL, IA, MD, MA, NY, PA, RI, VA,</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .	X	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.NATURESACRED.ORG</u>	X	
<b>14</b> The books are in care of <u>BROWN INVESTMENT ADVISORY &amp; TR</u> Telephone no. <u>410-537-5400</u> Located at <u>901 S. BOND ST #400 BALTIMORE, MD</u> ZIP+4 <u>21231-3340</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b> At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<b>1a(1)</b>	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<b>1a(2)</b>	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<b>1a(3)</b>	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<b>1a(4)</b>	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<b>1a(5)</b>	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<b>1a(6)</b>	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? . . . . .	<b>1d</b>	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? . . . . .	<b>2a</b>	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) . . . . .	<b>2b</b>	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) . . . . .	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	<b>4b</b>	X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>5d</b>		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>6b</b>		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>7b</b>		
<b>8</b> Is the foundation 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?		X
<b>8</b>		

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 16		255,276.	48,802.	NONE

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 25		145,346.	13,014.	NONE

**Total number of other employees paid over \$50,000** . . . . . NONE

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 27		240,669.
Total number of others receiving over \$50,000 for professional services . . . . .		NONE

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE FOOTNOTE FOR DIRECT CHARITABLE ACTIVITIES	1,474,922.
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3 . . . . .	

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	7,359,018.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	2,641,212.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	NONE
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	10,000,230.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	NONE
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	10,000,230.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	150,003.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	9,850,227.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	492,511.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2022 from Part V, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2022. (This does not include the tax from Part V.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 . . . . .	<b>7</b>	

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	1,474,922.
<b>b</b>	Program-related investments - total from Part VIII-B . . . . .	<b>1b</b>	NONE
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	NONE
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	NONE
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	NONE
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .	<b>4</b>	1,474,922.

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				NONE
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only. . . . .			NONE	
b Total for prior years: 20 20 ,20 19 ,20 18		NONE		
3 Excess distributions carryover, if any, to 2022:				
a From 2017 . . . . .	602,361.			
b From 2018 . . . . .	419,201.			
c From 2019 . . . . .	494,469.			
d From 2020 . . . . .	788,993.			
e From 2021 . . . . .	1,159,708.			
f Total of lines 3a through e . . . . .	3,464,732.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 1,474,922.				
a Applied to 2021, but not more than line 2a . . .			NONE	
b Applied to undistributed income of prior years (Election required - see instructions). . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .				
d Applied to 2022 distributable amount. . . . .				
e Remaining amount distributed out of corpus. . .	1,474,922.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,939,654.			
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .		NONE		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .			NONE	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023. . . . .				NONE
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .	602,361.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a . . . . .	4,337,293.			
10 Analysis of line 9:				
a Excess from 2018 . . .	419,201.			
b Excess from 2019 . . .	494,469.			
c Excess from 2020 . . .	788,993.			
d Excess from 2021 . . .	1,159,708.			
e Excess from 2022 . . .	1,474,922.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling . . . . . 04/28/2020

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>b</b> 85% (0.85) of line 2a . . . . .	205,146.	134,431.	84,150.	42,110.	465,837.
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .	174,374.	114,266.	71,528.	35,794.	395,962.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	1,474,922.	1,159,708.	788,993.	494,469.	3,918,092.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	70,695.	108,950.	12,850.	2,432.	194,927.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon: . . . . .	1,404,227.	1,050,758.	776,143.	492,037.	3,723,165.
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .	9,186,107.	10,597,874.	8,522,355.	6,319,607.	34,625,943.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					NONE
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .	328,341.	285,946.	197,984.	156,579.	968,850.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					NONE
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					NONE
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					NONE
<b>(4)</b> Gross investment income . . . . .					NONE

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 28

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>  SEE STATEMENT 29				70,695.
<b>Total</b> .....				<b>3a</b> 70,695.
<b>b</b> <i>Approved for future payment</i>  SEE STATEMENT 40				8,260.
<b>Total</b> .....				<b>3b</b> 8,260.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. Row 11C describes services fees related to contracted services for a sacred place.



**FORM 990-PF - PART IV  
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					14.	
		TOTAL LONG-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					-17,307.	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					50,061.	
		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 124,207.				P	VAR 30.	VAR
1,349,715.		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 1,269,754.				P	VAR 79,961.	VAR
335,303.		US TREASURY PROPERTY TYPE: SECURITIES 337,164.				P	VAR -1,861.	VAR
1,325,162.		US TREASURY PROPERTY TYPE: SECURITIES 1,361,769.				P	VAR -36,607.	VAR
TOTAL GAIN(LOSS) .....		.....					----- 74,291. =====	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

NATURE SACRED

42-1263576

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[X] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NATURE SACRED	Employer identification number 42-1263576
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277-0053	\$ 230,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NORTHERN TRUST CHARITABLE GIVING PGM 222 N. MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE BALTIMORE COMMUNITY FOUNDATION 11 E MT ROYAL AVENUE FL 2 BALTIMORE, MD 21202	\$ 46,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE JACOB & HILDA BLAUSTEIN FDN ONE SOUTH STREET, SUITE 2900 BALTIMORE, MD 21202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PASCAL MITTERMAIER 46 GUNNING POINT RD, APT 1 FALMOUTH, MA 02540-1876	\$ 23,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CLAYTON BAKER TRUST 1600 W 41ST STREET, SUITE 700 BALTIMORE, MD 21211	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURE SACRED	Employer identification number 42-1263576
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BROWN ADVISORY 901 S. BOND STREET, SUITE 400 BALTIMORE, MD 21231	\$ 46,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALAN R. GRIFFITH 300 PINEY POINT FARM LANE CENTREVILLE, MD 21617-1817	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GREEN MOUNT CEMETERY CORPORATION 1501 GREENMOUNT AVENUE BALTIMORE, MD 21202	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	FRANCIS P CHIARAMONTE, MD FAMILY FDN 44 CANAL CENTER PLAZA #325 ALEXANDRIA, VA 22314	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ERIC BERNTHAL 8901 PERSIMMON TREE ROAD POTOMAC, MD 20854-4319	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE BLACKBURN FOUNDATION INC. 228 S. WASHINGTON STREET, SUITE 110 ALEXANDRIA, VA 22314	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURE SACRED	Employer identification number 42-1263576
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE MORRIS & GWENDOLYN CAFRITZ FDN. 1825 K STREET, SUITE 1400 WASHINGTON, DC 20006	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BRENTON FOUNDATION 2916 SW 14TH STREET DES MOINES, IA 50315	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	R. S. EVANS FOUNDATION, INC. 301 W. ATLANTIC AVE, SUITE O-8 DELRAY BEACH, FL 33444	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	RICHARD L. FRANYO 29 1/2 EASTERN AVE ANNAPOLIS, MD 21403-3315	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL ST BOSTON, MA 02110	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURE SACRED	Employer identification number 42-1263576
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ARTHUR W. EDWARDS, JR. 6 NORWOOD ROAD ANNAPOLIS, MD 21401-1227	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BESSEMER GIVING FUND 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BRUCE LAURITZEN 608 FAIRACRES ROAD OMAHA, NE 68132-1806	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	HAROLD DENTON 2025 APPALOOSA TRAIL WELLINGTON, FL 33414-7645	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JANE KORHONEN 4445 WILLARD AVE, SUITE 900 CHEVY CHASE, MD 20815	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATURE SACRED	Employer identification number 42-1263576
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LANDCARE 5295 WESTVIEW DRIVE, SUITE 100 FREDERICK, MD 21703	\$ 23,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE RICHMAN FOUNDATION 1040 PARK AVENUE, SUITE 310 BALTIMORE, MD 21201	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CHIEF EXECUTIVES ORGANIZATION, INC 1825 K STREET NW, SUITE 1450 WASHINGTON, DC 20006	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DLA PIPER LLP 6225 SMITH AVENUE BALTIMORE, MD 21209-3600	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	JC & SR BRENTON CLT II 2916 SW 14TH STREET DES MOINES, IA 50315	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	JUNIUS C. BRENTON 2916 SW 14TH STREET DES MOINES, IA 50315	\$ 10,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATURE SACRED</p>	Employer identification number <p style="text-align: center;">42-1263576</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	WINCHESTER CONSTRUCTION  1114 BENFIELD BLVD, SUITE L  MILLERSVILLE, MD 21108	\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	HARRY T. LESTER  PO BOX 5969  VIRGINIA BEACH, VA 23471	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	STANLEY HIRT  600 RIVER SHORES DRIVE  SAINT CLAIR, MI 48079-3529	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	THE LEVITT FOUNDATION  7811 MONTROSE ROAD, SUITE 420  POTOMAC, MD 20854	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATURE SACRED

Employer identification number

42-1263576

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">NATURE SACRED</p>	Employer identification number <p style="text-align: center;">42-1263576</p>
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**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990PF, PART I - OTHER INCOME

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DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----
SCH K-1 PTE INCOME	56,062.	-3.	56,062.
SERVICE FEES	50,000.		50,000.
25TH ANNIVERSARY REVENUE	38,950.		38,950.
BOOK SALES	8,853.		8,853.
BENCH SALES	3,000.		3,000.
TOTALS	----- 156,865. =====	----- -3. =====	----- 156,865. =====

FORM 990PF, PART I - LEGAL FEES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES	15,284.			15,284.
TOTALS	----- 15,284. =====	----- NONE =====	----- NONE =====	----- 15,284. =====

FORM 990PF, PART I - ACCOUNTING FEES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
ACCOUNTING FEES	48,827.	1,456.		48,644.
TOTALS	48,827.	1,456.	NONE	48,644.
	=====	=====	=====	=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
COMMUNICATIONS	156,853.			156,853.
FUNDRAISING CONSULTING	62,500.			59,300.
INVESTMENT MGMT FEES	56,697.	56,697.		
OTHER CONSULTING	25,257.			25,257.
SPECIAL EVENT EXPENSE	40,000.			40,000.
BUSINESS DEVELOPMENT	140.			140.
HEALTH CARE CONSULTANT	21,064.			20,139.
TOTALS	362,511.	56,697.		301,689.
	=====	=====		=====

FORM 990PF, PART I - TAXES  
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
INCOME TAXES	28,863.		
PERSONAL PROPERTY TAXES	197.		197.
FOREIGN TAX PAID - DIVIDENDS		1,445.	
TOTALS	----- 29,060. =====	----- 1,445. =====	----- 197. =====

FORM 990PF, PART I - OTHER EXPENSES  
 =====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
BOARD EXPENSES	1,056.			1,056.
OFFICE EXPENSES	14,774.			14,774.
OFFICE MAINTENANCE	32,685.			32,685.
POSTAGE & SHIPPING	176.			176.
SITE VISITS	6,149.			6,149.
DUES & SUBSCRIPTIONS	759.			759.
TELEPHONE & CONNECTIVITY	4,033.			4,033.
INSURANCE	7,828.			7,828.
SCH K-1 PTE DEDUCTIONS		8,157.		
OFFICE MEALS	3,312.			3,312.
MARKETING & MATERIALS	1,289.			1,289.
BOARD MEALS	1,466.			1,466.
FUNDRAISING ADMINISTRATION	6,106.			6,106.
STATE CHARITY REGISTRATION	2,363.			2,363.
BENCH STORAGE FEES	9,832.		9,832.	
BENCH COSTS	40,068.		40,068.	-148.
FIRESOUL PROGRAM	25,113.			25,113.
PRACTITIONER CERTIFICATION	1,499.			1,499.
RESEARCH REPORTS	4,368.			4,368.
EDUCATION MAILINGS	5,580.			5,580.
COMMUNITY HEALING	62,083.			63,762.
NATURE FOR WELLNESS	46,966.			47,019.
SOLICITATION MATERIALS	787.			787.
DONOR CAMPAIGNS	4,750.			4,750.
25TH ANNIVERSARY EXPENSES	143,948.		38,950.	104,998.
FEE FOR SERVICE	633.		633.	
CBT WHITE PAPER EXPENSES	15,957.			15,957.
SP PROJECT MATERIALS	5,955.			5,955.
BOOK EXPENSES	57,744.		8,853.	48,891.
ADVERTISING	1,000.			1,000.
DONOR CULTIVATION/STEWARDSHIP	165.			165.
PHOTOGRAPHY	12,050.			12,050.

FORM 990PF, PART I - OTHER EXPENSES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
TOTALS	520,494.	8,157.	98,336.	423,742.
	=====	=====	=====	=====

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
PREPAID EXPENSES	650.	650.
PREPAID INSURANCE	3,384.	3,384.
PREPAID TAXES	26,150.	26,150.
	-----	-----
TOTALS	30,184.	30,184.
	=====	=====

NATURE SACRED

42-1263576

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
US GOV'T SECURITIES - US BANK	2,888,348.	2,888,348.
US OBLIGATIONS TOTAL	2,888,348.	2,888,348.
	=====	=====

FORM 990PF, PART II - CORPORATE STOCK

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
EQUITY FUNDS - US BANK	1,834,633.	1,834,633.
COMMON STOCK - US BANK	602,684.	602,684.
FOREIGN STOCK - US BANK	152,205.	152,205.
	-----	-----
TOTALS	2,589,522.	2,589,522.
	=====	=====

NATURE SACRED

42-1263576

FORM 990PF, PART II - CORPORATE BONDS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
FIXED INCOME FUNDS - US BANK	1,544,328.	1,544,328.
TOTALS	1,544,328.	1,544,328.
	=====	=====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
REAL ESTATE FUNDS - US BANK	620,548.	620,548.
PRIVATE EQUITIES - US BANK	443,581.	443,581.
TOTALS	----- 1,064,129. =====	----- 1,064,129. =====

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
TRADEMARK	1,000.	1,000.
TOTALS	1,000.	1,000.
	=====	=====

FORM 990PF, PART II - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO CREDIT CARD	9,431.
TOTALS	----- 9,431. =====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	1,366,669.
	-----
TOTAL	1,366,669.
	=====

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:  
THOMAS H. STONER

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
CHAIRMAN

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5.00

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
KATHARINE E. STONER

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
VICE CHAIRMAN

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5.00

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
AMI ARONSON

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
NICHOLE BATTLE

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
DICK BLACKBURN

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR & TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
SCOTT BRICKMAN

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

COMPENSATION .....	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

OFFICER NAME:  
EDWARD DUNN

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION .....	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====

OFFICER NAME:  
PAUL MONTEIRO

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR (THRU 4/28/2022)

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
MICHAEL D. HANKIN

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
LAUREN MARSHALL

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:  
PASCAL MITTERMAIER

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:

FRED SMITH

ADDRESS:

105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:

DIRECTOR & SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

COMPENSATION ..... NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES ..... NONE

OFFICER NAME:

GLEN STEWART

ADDRESS:

105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.10

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

COMPENSATION .....	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

OFFICER NAME:  
ALDEN STONER

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
CEO

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	40.00
COMPENSATION .....	150,318.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	22,476.
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:  
ERIN ROBERTSON

ADDRESS:  
105 ANNAPOLIS STREET  
D  
ANNAPOLIS, MD 21401

TITLE:  
CHIEF PROGRAMS OFFICER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	32.00
COMPENSATION .....	104,958.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	26,326.
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE
 TOTAL COMPENSATION:	 255,276. =====
 TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:	 48,802. =====
 EXPENSE ACCOUNT AND OTHER ALLOWANCES:	 NONE =====

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME:  
MEGAN COOKE

ADDRESS:  
105 ANNAPOLIS STREET D  
ANNAPOLIS, MD 21401

TITLE:  
DIR. OF DEVELOPMENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION .....	86,521.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	11,249.
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

EMPLOYEE NAME:  
NEHA SRINIVASAN

ADDRESS:  
105 ANNAPOLIS STREET D  
ANNAPOLIS, MD 21401

TITLE:  
PROJECT MANAGER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION .....	58,825.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	1,765.
EXPENSE ACCOUNT AND OTHER ALLOWANCES .....	NONE

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

TOTAL COMPENSATION:	145,346.
	=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:	13,014.
	=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES:	NONE
	=====

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS  
=====

NAME:  
MATTER, LLC

ADDRESS:  
8517 VICTORY LANE  
POTOMAC, MD 20854

TYPE OF SERVICE:  
CONSULTING

COMPENSATION ..... 183,241.

NAME:  
MELISSA SANDOR CONSULTING

ADDRESS:  
2840 NEW 17B  
COCHECTON, NY 12726

TYPE OF SERVICE:  
CONSULTING

COMPENSATION ..... 57,428.

TOTAL COMPENSATION: ..... 240,669.  
=====

FORM 990PF, PART XIV - INFORMATION REGARDING FOUNDATION MANAGERS  
=====

THOMAS H. STONER  
KATHARINE E. STONER  
RICHARD BLACKBURN

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
AMAZING GRACE LUTHERAN CHURCH  
ADDRESS:  
2424 MCELDERRY STREET  
  
BALTIMORE, MD 21205

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:  
ASYLEE WOMEN ENTERPRISE  
ADDRESS:  
4500 FRANKFORD AVENUE  
  
BALTIMORE, MD 21206

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:

PIEDMONT HEALTH CARE CENTER

ADDRESS:

30 ROUNDTREE DRIVE

PIEDMONT, AL 36272

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

GOV

AMOUNT OF GRANT PAID..... 1,685.

RECIPIENT NAME:

BROOKLYN GREENWAY INITIATIVE

ADDRESS:

135 COLUMBIA STREET

BROOKLYN, NY 11231

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
JOHNS HOPKINS BAYVIEW MEDICAL CENTER  
ADDRESS:  
4940 EASTERN AVENUE

BALTIMORE, MD 21224  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:  
FRIENDS OF KIRBY LANE PARK  
ADDRESS:  
1825 W SARATOGA STREET

BALTIMORE, MD 21223-1607  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
FRIENDS OF PATTERSON PARK  
ADDRESS:  
27 S PATTERSON PARK AVE

BALTIMORE, MD 21231  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:  
INTERSECTION OF CHANGE  
ADDRESS:  
1947 PENNSYLVANIA AVE

BALTIMORE, MD 21217  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:

LANGTON GREEN INC.

ADDRESS:

844 GENERALS HIGHWAY

MILLERSVILLE, MD 21108

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

FOR THE USE OF LANGTON GREEN COMMUNITY FARM

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

LANGTON GREEN INC.

ADDRESS:

3016 ARUNDEL ON THE BAY ROAD

ANNAPOLIS, MD 21403

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

FOR THE USE OF LANGTON COMMUNITY GREEN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
BALTIMORE COMMUNITY MEDIATION CENTER  
ADDRESS:  
3333 GREENMOUNT AVENUE  
  
BALTIMORE, MD 21218

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:  
ANNAPOLIS MARITIME MUSEUM INC.  
ADDRESS:  
723 SECOND STREET  
  
ANNAPOLIS, MD 21403

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
CATHOLIC CEMETERIES ARCHDIOCESE OF WASHINGTON INC.  
ADDRESS:  
13801 GEORGIA AVE.

SILVER SPRING, MD 20906  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MT. OLIVET CEMETERY GRANT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:  
VILLAGE LEARNING PLACE  
ADDRESS:  
2521 ST. PAUL STREET

BALTIMORE, MD 21218  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
THE EPISCOPAL DIOCESE OF KANSAS  
ADDRESS:  
835 SW POLK STREET

TOPEKA, KS 66612  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

BETHANY HOUSE GRANT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:  
CITY BLOSSOMS  
ADDRESS:  
516 KENNEDY STREET NW

WASHINGTON, DC 20011  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
BACKYARD BASECAMP, INC.  
ADDRESS:  
4706 MONROVIA ROAD

BALTIMORE, MD 21206  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:  
STILLMEADOW COMMUNITY PROJECTS, INC.  
ADDRESS:  
5110 FREDERICK AVENUE

BALTIMORE, MD 21229  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
UNIVERSITY OF MARYLAND  
ADDRESS:  
1000 HILLTOP CIRCLE  
  
COLLEGE PARK, MD 20742  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:  
ROBERTA'S HOUSE INC.  
ADDRESS:  
928 E NORTH AVE  
  
BALTIMORE, MD 21202  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:  
RESERVOIR HILL IMPROVEMENT COUNCIL  
ADDRESS:  
10 E NORTH AVENUE SUITE 5

BALTIMORE, MD 21202  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,500.

RECIPIENT NAME:  
MARYLAND HALL FOR THE CREATIVE ARTS  
ADDRESS:  
801 CHASE STREET

ANNAPOLIS, MD 21401  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

TOTAL GRANTS PAID: 70,695.  
=====

FORM 990PF, PART XIV, LINE 3B - CONTRIBUTIONS, GIFTS, GRANTS APPROVED  
=====

RECIPIENT NAME:  
WASHINGTON PARKS & PEOPLE  
ADDRESS:  
2437 15TH STREET NW  
  
WASHINGTON, DC 20009

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT APPROVED FOR FUTURE PAYMENT .....	3,000.
AMOUNT OF ACCRUED GRANT .....	3,000.

RECIPIENT NAME:  
CITY OF ASHLAND  
ADDRESS:  
40955 STATE HWY 77  
  
ASHLAND, AL 36251

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

SUPPORT FOR STRINGFELLOW GARDENS

FOUNDATION STATUS OF RECIPIENT:

GOV

AMOUNT APPROVED FOR FUTURE PAYMENT .....	1,200.
AMOUNT OF ACCRUED GRANT .....	1,200.

FORM 990PF, PART XIV, LINE 3B - CONTRIBUTIONS, GIFTS, GRANTS APPROVED  
=====

RECIPIENT NAME:  
FRIENDS OF WANGARI GARDENS  
ADDRESS:  
PO BOX 43081

WASHINGTON, DC 20010  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT APPROVED FOR FUTURE PAYMENT .....	3,560.
AMOUNT OF ACCRUED GRANT .....	3,560.

RECIPIENT NAME:  
EPIPHANY CHAPEL  
ADDRESS:  
C/O ANNE WEATHERHOLT, 1419 ODENTON ROAD

ODENTON, MD 21113  
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT APPROVED FOR FUTURE PAYMENT .....	500.
AMOUNT OF ACCRUED GRANT .....	500.

TOTAL GRANTS APPROVED: 8,260.  
=====

FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
SCH K-1 PTE INCOME	523000	86,806.			-30,744.
SERVICE FEES					50,000.
25TH ANNIVERSARY REVENUE					38,950.
BOOK SALES					8,853.
BENCH SALES					3,000.
		-----		-----	-----
TOTALS		86,806.			70,059.
		=====		=====	=====

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2022**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>NATURE SACRED</b>	<b>D Employer identification number</b> 42-1263576
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>105 ANNAPOLIS STREET, SUITE D</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21231-3340</b>	
		<b>C</b> Book value of all assets at end of year <b>9186107.</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
<b>H</b> Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of	<b>BROWN INVESTMENT ADVISORY &amp; TR</b> 901 S. BOND ST #400 BALTIMORE, MD 21231-3340		Telephone number <b>410-537-5400</b>

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	82,598.
2 Reserved	2	
3 Add lines 1 and 2	3	82,598.
4 Charitable contributions (see instructions for limitation rules) <b>SEE STATEMENT 1.</b>	4	8,260.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	74,338.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	74,338.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	73,338.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	15,401.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	15,401.

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>		
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>		15,401.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>		15,401.
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	<b>5</b>		
<b>6a</b> Payments: A 2021 overpayment credited to 2022 . . . . .	<b>6a</b>		
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>	12,000.	
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>	8,000.	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>		20,000.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/> . . . . .	<b>8</b>		74.
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. . . . .	<b>10</b>		4,525.
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 4,525. <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ _____		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ <u>NONE</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>6a</b> Did the organization change its method of accounting? (see instructions) . . . . .		X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1122? If "No," explain in Part V. . . . .		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Allen E. Stover</i>	Date 11/15/2023		
<b>Paid Preparer Use Only</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD RUVELSON	11/09/2023		P00234075
	Firm's name	Firm's EIN		
	WITHUMSMITH+BROWN, PC	22-2027092		
Firm's address	Phone no.			
4600 EAST WEST HWY 900, BETHESDA, MD 20814-3423	301-272-6000			

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL

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CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CONTRIBUTION (ACCRUAL)
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2022 GRANTS PAID TO 501(C)(3)		78,955.
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SUBTOTAL CHARITABLE CONTRIBUTIONS .....		78,955.
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CONTRIBUTIONS CARRYOVER

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12/31/2017		
12/31/2018		
12/31/2019		
12/31/2020		
12/31/2021	103,172.	

TOTAL CHARITABLE CONTRIBUTIONS .....		182,127.
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TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION ....		82,598.
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CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%) .....		8,260.
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CHARITABLE CONTRIBUTION DEDUCTION .....		8,260.
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**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for  
501(c)(3) Organizations Only**

<b>A</b> Name of the organization NATURE SACRED	<b>B</b> Employer identification number 42-1263576
<b>C</b> Unrelated business activity code (see instructions) 523000	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business LIMITED PARTNERSHIP INVESTMENTS

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. . . . .	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts. . . . .	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . . <b>SEE STATEMENT. 1.</b>	<b>5</b>	86,806.	86,806.
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI). . . . .	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII). . . . .	<b>10</b>		
<b>11</b> Advertising income (Part IX). . . . .	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	86,806.	86,806.

<b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	7	8a	8b
<b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>		
<b>2</b> Salaries and wages . . . . .	<b>2</b>		
<b>3</b> Repairs and maintenance . . . . .	<b>3</b>		
<b>4</b> Bad debts . . . . .	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions . . . . .	<b>5</b>		
<b>6</b> Taxes and licenses . . . . .	<b>6</b>		4,208.
<b>7</b> Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion . . . . .	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans . . . . .	<b>10</b>		
<b>11</b> Employee benefit programs . . . . .	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) . . . . .	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) . . . . .	<b>13</b>		
<b>14</b> Other deductions (attach statement) . . . . .	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>		4,208.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>		82,598.
<b>17</b> Deduction for net operating loss. See instructions . . . . .	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .	<b>18</b>		82,598.

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 <b>Total dividends - received deductions</b> included in line 10				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. ....	4
5	Gross income from activity that is not unrelated business income. ....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



SCHEDULE A: INVESTMENT IN PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
BROWNIA ROBINSON CROSSING, LLC	86,850.		86,850.
RETHINK IMPACT II, LP	-3.	41.	-44.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			86,806.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

Name <b>NATURE SACRED</b>	Employer identification number <b>42-1263576</b>
------------------------------	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . .  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b> 50,061.
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				<b>15</b> 50,061.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .				<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .				<b>17</b> 50,061.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .				<b>18</b> 50,061.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

**For Paperwork Reduction Act Notice, see the Instructions for Form 1120.**

Schedule D (Form 1120) 2022

Department of the Treasury  
Internal Revenue Service

Attach to the corporation's tax return.  
Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2022**

Name <b>NATURE SACRED</b>	Employer identification number <b>42-1263576</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) . . . . .		<b>1</b>	15,401.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c . . . . .		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. . . . .		<b>3</b>	15,401.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 . . . . .		<b>4</b>	10,711.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .		<b>5</b>	10,711.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	05/15/2022	06/15/2022	09/15/2022	12/15/2022
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column. . . . .	2,678.	2,678.	2,678.	2,677.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions . . . . .			9,000.	3,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column . . . . .				966.
13 Add lines 11 and 12 . . . . .			9,000.	3,966.
14 Add amounts on lines 16 and 17 of the preceding column . . . . .		2,678.	5,356.	
15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . .			3,644.	3,966.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .		2,678.		
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	2,678.	2,678.		
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. . . . .			966.	

Go to **Part IV** on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .				
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	SEE PENALTY COMPUTATION WHITEPAPER DETAIL STATEMENT 1			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 6\% (0.06)$	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 7\% (0.07)$	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366} \times \%$	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . .				38 \$ 74.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

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DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
-----	-----	-----	-----	----	--	-----
QUARTER 1, RATE PERIOD 1 (05/15/2022 - 06/30/2022)						
=====						
	2,678.	05/15/2022	06/30/2022	46	4	14.
TOTAL TO FORM 2220, LINE 22, COLUMN A						14.
=====						
QUARTER 1, RATE PERIOD 2 (06/30/2022 - 09/30/2022)						
=====						
09/15/2022	2,678.	06/30/2022	09/15/2022	77	5	28.
TOTAL TO FORM 2220, LINE 24, COLUMN A						28.
=====						
QUARTER 2, RATE PERIOD 1 (06/15/2022 - 06/30/2022)						
=====						
	2,678.	06/15/2022	06/30/2022	15	4	4.
TOTAL TO FORM 2220, LINE 22, COLUMN B						4.
=====						
QUARTER 2, RATE PERIOD 2 (06/30/2022 - 09/30/2022)						
=====						
09/15/2022	2,678.	06/30/2022	09/15/2022	77	5	28.
TOTAL TO FORM 2220, LINE 24, COLUMN B						28.
=====						
TOTAL UNDERPAYMENT PENALTY						74.
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Company Name: NATURE SACRED  
 EIN: 42-1263576  
 FYE:

FORM 990-PF, PART I, LINE 19 AND PART II, LINE 14 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	213,350.		203,665.	9,685.
Equipment	16,066.		16,066.	NONE
Furniture & Fixtures	17,376.		17,376.	NONE
Property, Plant & Equipment	<u>246,792.</u>		<u>237,107.</u>	<u>9,685.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 14</b>	<u><u>246,792.</u></u>		<u><u>237,107.</u></u>	<u><u>9,685.</u></u>
<b>Total Depreciation Expense, line 19</b>				

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

FEDERAL FOOTNOTES

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PART VIII-A, SUMMARY OF DIRECT CHARITABLE ACTIVITIES

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IN 2022, NATURE SACRED OPENED ELEVEN SACRED PLACES WITH ANOTHER 32  
SITES IN DEVELOPMENT. 11 BENCHES WERE DELIVERED TO SACRED PLACES. 26  
NEW FIRESOULS WERE ONBOARDED INTO THE NATIONAL NETWORK. 33  
MICRO-GRANTS WERE AWARDED TO SACRED PLACES. FIRESOUL PROGRAM  
CONDUCTED NETWORKING EVENTS AND LEARNING SESSIONS.