

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning and ending

Name of foundation: NATURE SACRED. Employer identification number: 42-1263576. Telephone number: (410) 268-1376. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$9,686,062. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

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	142,181.	434,493.	434,493.
	2	Savings and temporary cash investments	916,730.	1,014,381.	1,014,381.
	3	Accounts receivable			
		Less: allowance for doubtful accounts _____			
	4	Pledges receivable _____			
		Less: allowance for doubtful accounts _____			
	5	Grants receivable		70,000.	70,000.
	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 . .	30,184.	23,237.	23,237.
	10a	Investments - U.S. and state government obligations (attach schedule).**	2,888,348.	2,127,705.	2,127,705.
	b	Investments - corporate stock (attach schedule) . STMT 10 .	2,589,522.	3,287,384.	3,287,384.
	c	Investments - corporate bonds (attach schedule) . STMT 11 .	1,544,328.	1,537,185.	1,537,185.
	11	Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____			
12	Investments - mortgage loans				
13	Investments - other (attach schedule) STMT 12 .	1,064,129.	1,177,763.	1,177,763.	
14	Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____	258,896. 245,982.	9,685. 12,914.	12,914.	
15	Other assets (describe _____ STMT 13)	1,000.	1,000.	1,000.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	9,186,107.	9,686,062.	9,686,062.	
Liabilities	17	Accounts payable and accrued expenses	25,669.	119,161.	
	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)	9,431.	15,926.	
23	Total liabilities (add lines 17 through 22)	35,100.	135,087.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	7,664,584.	7,922,086.	
	25	Net assets with donor restrictions	1,486,423.	1,628,889.	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/>				
	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	Total net assets or fund balances (see instructions)	9,151,007.	9,550,975.		
30	Total liabilities and net assets/fund balances (see instructions)	9,186,107.	9,686,062.		

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	9,151,007.
2	Enter amount from Part I, line 27a	2	-396,989.
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3	4	8,754,018.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 15	5	-796,957.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	9,550,975.

**

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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
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	-125,933.
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	-5,080.

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	2,122.
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	2,122.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2,122.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	14,842.
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	14,842.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	12,720.
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax 12,720. Refunded	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a 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 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 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 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
3 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
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 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
6 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	
7 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	
8a 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 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	
9 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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 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
12 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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.NATURESACRED.ORG</u>	X	
14 The books are in care of <u>BROWN INVESTMENT ADVISORY & 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>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16 At any time during calendar year 2023, 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.

Table with columns for question ID, Yes, and No. Rows include questions 1a through 4b regarding disqualifying activities, disaster assistance, and business holdings.

Form 990-PF (2023)

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

	Yes	No
5a 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 If any answer is "Yes" to 5a(1)-(5), did any 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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
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
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 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

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		287,614.	52,925.	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 24		214,508.	21,460.	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 26		491,969.
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	
	1,134,167.
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.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	7,318,029.
b	Average of monthly cash balances	1b	1,988,585.
c	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	9,306,614.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	9,306,614.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	139,599.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	9,167,015.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	458,351.

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.)

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

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,954,191.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,954,191.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				NONE
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only.			NONE	
b Total for prior years: 20 21, 20 20, 20 19		NONE		
3 Excess distributions carryover, if any, to 2023:				
a From 2018 419,201.				
b From 2019 494,469.				
c From 2020 788,993.				
d From 2021 1,159,708.				
e From 2022 1,474,922.				
f Total of lines 3a through e	4,337,293.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 1,954,191.				
a Applied to 2022, 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 2023 distributable amount.				
e Remaining amount distributed out of corpus. . .	1,954,191.			
5 Excess distributions carryover applied to 2023 (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	6,291,484.			
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 2022. Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024.				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 2018 not applied on line 5 or line 7 (see instructions) . . .	419,201.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	5,872,283.			
10 Analysis of line 9:				
a Excess from 2019 494,469.				
b Excess from 2020 788,993.				
c Excess from 2021 1,159,708.				
d Excess from 2022 1,474,922.				
e Excess from 2023 1,954,191.				

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 2023, 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)

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
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	304,691.	205,146.	134,431.	84,150.	728,418.
b 85% (0.85) of line 2a	258,987.	174,374.	114,266.	71,528.	619,155.
c Qualifying distributions from Part XI, line 4, for each year listed	1,954,191.	1,474,922.	1,159,708.	788,993.	5,377,814.
d Amounts included in line 2c not used directly for active conduct of exempt activities	104,760.	70,695.	108,950.	12,850.	297,255.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,849,431.	1,404,227.	1,050,758.	776,143.	5,080,559.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	9,686,062.	9,186,107.	10,597,874.	8,522,355.	37,992,398.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					NONE
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed	305,567.	328,341.	285,946.	197,984.	1,117,838.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					NONE
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					NONE
(3) Largest amount of support from an exempt organization					NONE
(4) 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
a <i>Paid during the year</i> SEE STATEMENT 29				104,760.
Total				3a 104,760.
b <i>Approved for future payment</i> SEE STATEMENT 46				1,000.
Total				3b 1,000.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes a row with 'N/A' in column (d).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Sign Here: Signature of officer or trustee, Date, Title (CEO), and a box asking if the IRS can discuss the return with the preparer shown below.

Paid Preparer Use Only: Print/Type preparer's name (RICHARD RUVELSON), Preparer's signature (RICHARD RUVELSON), Date (10/24/2024), Firm's name (WITHUMSMITH+BROWN, PC), Firm's address (4600 EAST WEST HWY 900 BETHESDA, MD), Firm's EIN (22-2027092), and Phone no. (301-272-6000).

**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 LONG-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					25,543.	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					24,611.	
717,613.		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 722,822.				P	VAR -5,209.	VAR
961,353.		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 1,132,360.				P	VAR -171,007.	VAR
499,409.		US TREASURY PROPERTY TYPE: SECURITIES 499,280.				P	VAR 129.	VAR
TOTAL GAIN(LOSS)					----- -125,933. =====	

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

NATURE SACRED

42-1263576

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

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

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	\$ 96,250.	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	\$ 250,000.	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	\$ 25,000.	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	\$ 30,000.	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	\$ 25,386.	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	\$ 12,500.	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	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MICHAEL HANKIN NORTHWOODS P.O. BOX 27 BUTLER, MD 21023	\$ 12,966.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	FRANCIS P CHIARAMONTE, MD FAMILY FDN 44 CANAL CENTER PLAZA #325 ALEXANDRIA, VA 22314	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BERNSTEIN FAMILY FOUNDATION 3299 K STREET NW #700 WASHINGTON, DC 20007	\$ 5,000.	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	COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVE MEMPHIS, TN 38104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE MORRIS & GWENDOLYN CAFRITZ FDN. 1825 K STREET, SUITE 1400 WASHINGTON, DC 20006	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	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.)
16	ARTHUR W. EDWARDS, JR. 6 NORWOOD ROAD ANNAPOLIS, MD 21401-1227	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BESSEMER GIVING FUND 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	\$ 8,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, SUITE 101 DANVERS, MA 01923	\$ 100,000.	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	LANDCARE 5295 WESTVIEW DRIVE, SUITE 100 FREDERICK, MD 21703	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	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.)
21	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.)
22	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 457,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, STE. 118 HUDSON, OH 44236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE BUNTING FAMILY FOUNDATION 217 INTERNATIONAL CIR COCKEYSVILLE, MD 21030	\$ 25,000.	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
25	HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BOULEVARD, 8TH FLOOR HARTFORD, CT 06106	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOUKOWSKY FAMILY FOUNDATION 620 PARK AVE FL 5 NEW YORK, NY 10065	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	LOCKHART VAUGHAN FOUNDATION, INC. 1600 W 41ST ST #700 BALTIMORE, MD 21211	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	SULLIVAN FAMILY CHARITABLE FOUNDATION P.O BOX 1207 BOCA GRANDE, FL 33921	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	T. ROWE PRICE PROGRAM FOR CHARITABLE P.O. BOX 17115 BALTIMORE, MD 21297	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	THE ABELL FOUNDATION 111 S CALVERT ST BALTIMORE, MD 21202	\$ 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
31	GERMESHUSEN FOUNDATION INC 606 W WAYNE AVE WAYNE, PA 19087	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	UNIVERSITY OF NOTRE DAME HOLY CROSS DR NOTRE DAME, IN 46556	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	WHITING-TURNER 300 EAST JOPPA ROAD BALTIMORE, MD 21286	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	SUSAN EVANS 301 W ATLANTIC AVE STE 05 DELRAY BEACH, FL 33444-3686	\$ 5,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MARY RICHE 420 28TH ST DES MOINES, IA 50312-4406	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	LOUISA C. DUEMLING 11966 ANDELLOT FARM LN WORTON, MD 21678-1301	\$ 5,000.	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
37	JACK PESTER 9339 BUFFALO SPEEDWAY APT 1343 HOUSTON, TX 77025-4443	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	ELIZABETH KINNEY 941 MELVIN RD ANNAPOLIS, MD 21403-1315	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	BRUNELLO CUCINELLI 689 5TH AVE FL 6 NEW YORK, NY 10022-3154	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	BEVERLY DALE, PH.D. 245 DEL MONTE AVE LOS ALTOS, CA 94022-1206	\$ 10,331.	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.)
	_____ _____ _____	\$ _____	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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	ADJUSTED NET INCOME -----
SCH K-1 PTE INCOME	95,726.	95,726.
BOOK SALES	18,490.	18,490.
TOTALS	114,216.	114,216.
	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES	12,385.			12,385.
TOTALS	----- 12,385. =====	----- NONE =====	----- NONE =====	----- 12,385. =====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
ACCOUNTING FEES	48,429.	1,456.	1,040.	47,278.
TOTALS	----- 48,429. =====	----- 1,456. =====	----- 1,040. =====	----- 47,278. =====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
COMMUNICATIONS	165,606.			150,133.
FUNDRAISING CONSULTING	63,437.			53,437.
INVESTMENT MGMT FEES	65,119.	65,119.		
OTHER CONSULTING	17,950.			10,300.
BUSINESS DEVELOPMENT	2,639.			2,639.
STRAGIC PLAN	2,000.			2,000.
HEALTH CAREE CONSULTING	80,597.			71,505.
	-----	-----		-----
TOTALS	397,348.	65,119.		290,014.
	=====	=====		=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
INCOME TAXES	34,987.		
PERSONAL PROPERTY TAXES	181.		181.
FOREIGN TAX PAID - DIVIDENDS		1,657.	
TOTALS	----- 35,168. =====	----- 1,657. =====	----- 181. =====

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
COMMUNITY HEALING	368,470.			348,663.
BENCH COSTS	100,672.			100,615.
BOOK EXPENSES	67,616.		18,490.	41,005.
FIRESOUL PROGRAM	33,675.			33,675.
OFFICE MAINTENANCE	33,430.			33,430.
NATURE FOR WELLNESS	27,963.			20,375.
BENCH TALK EVENTS	24,781.			24,781.
RESEARCH PROJECTS	23,621.			23,621.
PHOTOGRAPHY	20,260.			18,760.
OFFICE EXPENSES	12,974.			12,415.
DONOR CAMPAIGNS	10,054.			10,054.
BENCH STORAGE FEES	9,509.			9,509.
OFFICE MEALS	7,778.			7,778.
INSURANCE	7,689.			7,689.
EDUCATION MAILINGS	7,510.			7,510.
SP PROJECT MATERIALS	6,647.			6,647.
SITE VISITS	6,476.			6,476.
DONOR CULTIVATION/STEWARDSHIP	6,311.			6,311.
BOARD MEALS	6,038.			6,038.
TELEPHONE & CONNECTIVITY	4,473.			4,473.
STATE CHARITY REGISTRATION	4,017.			4,017.
EVENTS FOR FUNDRAISING	3,503.			3,503.
MARKETING & MATERIALS	2,755.			2,755.
FEE FOR SERVICE	2,199.			2,199.
BOARD EXPENSES	2,032.			2,032.
FUNDRAISING ADMINISTRATION	1,927.			1,927.
SOLICITATION MATERIALS	1,807.			1,807.
25TH ANNIVERSARY EXPENSES	1,669.			1,669.
RESEARCH REPORTS	1,011.			1,011.
POSTAGE AND SHIPPING	744.			744.
DUES & SUBSCRIPTIONS	500.			500.
ADVERTISING	426.			426.

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
PRACTITIONER CERTIFICATION	147.			147.
PARTNERSHIP DEDUCTIONS		30.		
TOTALS	808,684.	30.	18,490.	752,562.
	=====	=====	=====	=====

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

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
PREPAID EXPENSES	2,556.	2,556.
PREPAID INSURANCE	6,432.	6,432.
PREPAID TAXES	14,249.	14,249.
	-----	-----
TOTALS	23,237.	23,237.
	=====	=====

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	2,127,705.	2,127,705.
	-----	-----
US OBLIGATIONS TOTAL	2,127,705.	2,127,705.
	=====	=====

FORM 990PF, PART II - CORPORATE STOCK

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
EQUITY FUNDS - US BANK	2,556,611.	2,556,611.
COMMON STOCK - US BANK	445,109.	445,109.
FOREIGN STOCK - US BANK	285,664.	285,664.
TOTALS	----- 3,287,384. =====	----- 3,287,384. =====

NATURE SACRED

42-1263576

FORM 990PF, PART II - CORPORATE BONDS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
FIXED INCOME FUNDS - US BANK	1,537,185.	1,537,185.
TOTALS	1,537,185.	1,537,185.
	=====	=====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
REAL ESTATE FUNDS - US BANK	809,893.	809,893.
PRIVATE EQUITIES - US BANK	367,870.	367,870.
TOTALS	----- 1,177,763. =====	----- 1,177,763. =====

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	15,926.
TOTALS	----- 15,926. =====

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	-796,957.

TOTAL	-796,957.
	=====

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

OFFICER NAME:
PASCAL MITTERMAIER

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
BOARD CHAIR

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:
THOMAS H. STONER

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
IMMEDIATE PAST CHAIR

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:
KATHARINE E. STONER

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
VICE CHAIR

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:
DICK BLACKBURN

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
TREASURER

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:

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:

NICHOLE BATTLE

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:
 SCOTT BRICKMAN

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:
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

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:
ELIZABETH KINNEY

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:
LAUREN MARSHALL

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:
EMILY MOORE

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:
ALDEN STONER

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
CHIEF EXECUTIVE OFFICER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

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

=====

COMPENSATION	174,437.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	24,586.
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
ERIN ROBERTSON

ADDRESS:
105 ANNAPOLIS STREET
D
ANNAPOLIS, MD 21401

TITLE:
CHIEF PROGRAMS OFFICER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION	113,177.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	28,339.
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

TOTAL COMPENSATION: 287,614.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 52,925.
=====

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

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

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	62,815.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	1,884.
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

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	94,428.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	19,576.
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

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

=====

EMPLOYEE NAME:

HANNAH M SPIRT-JONES

ADDRESS:

105 ANNAPOLIS STREET D
ANNAPOLIS, MD 21401

TITLE:

PROGRAMS MANAGER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

COMPENSATION 57,265.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

TOTAL COMPENSATION: 214,508.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 21,460.
=====

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

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

NAME:

ENVIROCOLLAB LLC

ADDRESS:

3219 EVERGREEN AVE
BALTIMORE, MD 21214

TYPE OF SERVICE:

CONSULTING

COMPENSATION 160,387.

NAME:

MATTER, LLC

ADDRESS:

8517 VICTORY LANE
POTOMAC, MD 20854

TYPE OF SERVICE:

CONSULTING

COMPENSATION 157,687.

NAME:

GOMES & ASSOCIATES

ADDRESS:

15 OAK HILL CT
OWINGS MILLS, MD 21117

TYPE OF SERVICE:

DEVELOPMENT CONSULTI

COMPENSATION 71,999.

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

=====

NAME:

O'HARA DEVELOPMENT PARTNERS

ADDRESS:

10 E NORTH AVE
BALTIMORE, MD 21202

TYPE OF SERVICE:

CONSTRUCTION

COMPENSATION 51,052.

NAME:

FLOURA TEETER

ADDRESS:

800 NORTH CHARLES STREET, SUITE 300
BALTIMORE, MD 21201

TYPE OF SERVICE:

DESIGN ARCHITECT FEE

COMPENSATION 50,844.

TOTAL COMPENSATION: 491,969.

=====

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..... 1,000.

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..... 3,000.

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

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..... 5,000.

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..... 1,000.

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

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..... 12,500.

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..... 1,000.

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

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..... 1,000.

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.

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

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..... 1,500.

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..... 2,000.

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..... 1,000.

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..... 1,000.

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..... 3,000.

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..... 2,500.

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

RECIPIENT NAME:
AMERICAN VISIONARY ART MUSEUM
ADDRESS:
800 KEY HWY

BALTIMORE, MD 21230

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:
BALTIMORE CLAYWORKS
ADDRESS:
5707 SMITH AVE

BALTIMORE, MD 21209

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:
BALTIMORE WASHINGTON MEDICAL CENTER FOUNDATION

ADDRESS:
255 HOSPITAL DR STE 408

GLEN BURNIE, MD 21061
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:
COMMUNITY FOUNDATION OF NORTHEAST ALABAMA

ADDRESS:
1130 QUINTARD AVE #100

ANNISTON, AL 36201
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 4,500.

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

RECIPIENT NAME:
CRISPUS ATTUCKS DEVELOPMENT CORPORATION
ADDRESS:
63 U STREET NW

WASHINGTON, DC 20001

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:
EPIPHANY CHAPEL
ADDRESS:
1419 ODENTON ROAD

ODENTON, MD 21113

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 3,500.

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

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 OF GRANT PAID..... 5,560.

RECIPIENT NAME:
GEDCO
ADDRESS:
401 WOODBOURNE AVENUE

BALTIMORE, MD 21212
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 9,000.

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

RECIPIENT NAME:
LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER FDN
ADDRESS:
2001 MEDICAL PKWY

ANNAPOLIS, MD 21401
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:
MARIAN HOUSE, INC.
ADDRESS:
949 GORSUCH AVE

BALTIMORE, MD 21218
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:
MEDSTAR FRANKLIN SQUARE MEDICAL CENTER
ADDRESS:
9000 FRANKLIN SQUARE DR

BALTIMORE, MD 21237
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:
MOUNT WASHINGTON PRESERVATION TRUST
ADDRESS:
P.O. BOX 20851

BALTIMORE, MD 21209
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

RECIPIENT NAME:
PARKS & PEOPLE FOUNDATION
ADDRESS:
2100 LIBERTY HEIGHTS AVE

BALTIMORE, MD 21217

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:
CITY OF ASHLAND
ADDRESS:
40955 STATE HWY 77

ASHLAND, AL 36251

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

SUPPORT FOR SPRINGFELLOW GARDENS

FOUNDATION STATUS OF RECIPIENT:

GOV

AMOUNT OF GRANT PAID..... 2,200.

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

RECIPIENT NAME:
THE ARC CENTRAL CHESAPEAKE REGION
ADDRESS:
999 CORPORATE BLVD # 300

LINTHICUM HEIGHTS, MD 21090
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:
UNIVERSITY OF PENN MUSEUM OF ARCHAEOLOGY & ANTHROP
ADDRESS:
3260 SOUTH ST

PHILADELPHIA, PA 19104
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:

URBAN DREAMS

ADDRESS:

1615 2ND AVE

DES MOINES, IA 50314

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

VILLAGE LEARNING PLACE

ADDRESS:

2521 ST PAUL ST

BALTIMORE, MD 21218

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

RECIPIENT NAME:

WASHINGTON PARKS & PEOPLE

ADDRESS:

2437 15TH ST NW

WASHINGTON, DC 20009

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 9,000.

TOTAL GRANTS PAID: 104,760.
=====

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

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 APPROVED FOR FUTURE PAYMENT	1,000.
AMOUNT OF ACCRUED GRANT	1,000.

TOTAL GRANTS APPROVED: 1,000.
=====

FEDERAL FOOTNOTES

=====

PART VIII-A, SUMMARY OF DIRECT CHARITABLE ACTIVITIES

IN 2023, NATURE SACRED OPENED SIX SACRED PLACES WITH ANOTHER 58 SITES
IN DEVELOPMENT. 12 BENCHES WERE DELIVERED TO SACRED PLACES. 63 NEW
FIRESOULS WERE ONBOARDED INTO THE NATIONAL NETWORK. 53 MICRO-GRANTS
WERE AWARDED TO SACRED PLACES. FIRESOUL PROGRAM CONDUCTED NETWORKING
EVENTS AND LEARNING SESSIONS.