

# Return of Organization Exempt From Income Tax

## 2022

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **BVM Capacity Building Institute Inc**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4751 Best Rd 200**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Atlanta, GA 30337**

**D** Employer identification number  
**82-3835203**

**E** Telephone number  
**(470) 355-8295**

**F** Name and address of principal officer: **Clifford Albright**  
**Same as C above**

**G** Gross receipts  
 \$ **21,444,746**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.bvmcapacitybuilding.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2017** **M** State of legal domicile: **GA**

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Our goal is to increase power in marginalized, predominantly Black communities. Our mission is to provide information, training and resources to help build the capacity of community based organizations that are working towards social justice.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>14,071,808</b>	<b>21,414,049</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>57,288</b>	<b>24,800</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,095</b>	<b>5,897</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,134,191</b>	<b>21,444,746</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,992,420</b>	<b>9,582,681</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,445,906</b>	<b>4,353,470</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>268,348</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,128,174</b>	<b>9,781,546</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,566,500</b>	<b>23,717,697</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,567,691</b>	<b>(2,272,951)</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>13,219,139</b>	<b>9,987,333</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>484,501</b>	<b>824,546</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,734,638</b>	<b>9,162,787</b>

### Part II Signature Block

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

**Sign Here**

**Clifford Albright** **10-18-2023**  
 Signature of officer Date

**Clifford Albright, Executive Director**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
**Zenobia Russell Zenobia Russell 11-17-2023 P01347006**

Firm's name Firm's EIN  
**Credible Accounting Solutions Inc 678-571-1485**

Firm's address Phone no.  
**3311 Glen Summit Ln Snellville GA 30039**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
Our goal is to increase power in marginalized, predominantly Black communities. Our mission is to provide information, training and resources to help build the capacity of community based organizations that are working towards social justice.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 20,480,563 including grants of \$ 9,582,681) (Revenue \$ 24,800)  
We have continued to build the capacity of each partner organization, strengthen their ability to build a base of local contacts and shift the power building narrative via communication efforts including community events/forums, raising funds etc. We sent out numerous text messages and had dozens of placements in local and national media throughout all of our states.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 20,480,563

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			X
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Clifford Albright (470)355-8295, 4751 Best Rd, Atlanta, GA 30337

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Clifford Albright Executive Director	32.00 8.00			X				236,849	55,156	0
(2) LaTosha Brown Chief Doer	32.00 8.00			X				230,291	55,073	0
(3) April Albright National Legal Director	32.00 8.00				X			124,000	31,000	0
(4) Zenobia H Russell CFO	32.00 8.00			X				111,626	27,907	0
(5) Wanda Mosley National Field Director	32.00 8.00					X		111,317	27,829	0
(6) Renee Smith Director of Operations	32.00 8.00					X		107,125	26,781	0
(7) Alexis Buchanan-Thomas Development Director	32.00 8.00					X		106,903	26,726	0
(8) Tarana Burke Board Member		X						0	0	0
(9) Baye Adofo-Wilson Board Member		X						0	0	0
(10) Rukia Lumumba Board Member		X						0	0	0
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							<b>1,028,111</b>	<b>250,472</b>	<b>0</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> . . . . .		<b>x</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> . . . . .	<b>x</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> . . . . .		<b>x</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,414,049			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		21,414,049			
Program Service Revenue			Business Code				
	2a	Voter Registration and	900099	24,800	24,800		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
g	<b>Total.</b> Add lines 2a-2f . . . . .		24,800				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		5,897	5,897		
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	Gross rents . . . . .	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses . . . . .	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses . . . . .	7b				
	c	Gain or (loss) . . . . .	7c				
d	Net gain or (loss) . . . . .						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
b	Less: direct expenses . . . . .	8b					
c	Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities, See Part IV, line 19 . . . . .	9a					
b	Less: direct expenses . . . . .	9b					
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
b	Less: cost of goods sold . . . . .	10b					
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .						
12	<b>Total revenue.</b> See instructions . . . . .		21,444,746	30,697	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	9,582,681	9,582,681		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	467,140	233,570	233,570	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	2,987,139	1,658,824	1,092,709	235,606
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits . . . . .	579,033	121,736	457,297	
10	Payroll taxes . . . . .	320,158	183,979	112,166	24,013
11	Fees for services (nonemployees):				
a	Management . . . . .	554,767	526,653	28,114	
b	Legal . . . . .	24,000	24,000		
c	Accounting . . . . .	10,000		10,000	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	588,907	588,907		
12	Advertising and promotion . . . . .	1,052,278	1,014,147	38,131	
13	Office expenses . . . . .	1,666,290	1,271,559	388,785	5,946
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	37,827	6,050	31,777	
17	Travel . . . . .	2,332,600	1,989,969	340,917	1,714
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	49,594	26,781	22,813	
20	Interest . . . . .	3,967		3,967	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	96,771		96,771	
23	Insurance . . . . .	63,216	451	62,765	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<b>Bus Tour Event</b>	1,352,720	1,324,494	27,157	1,069
b	<b>Merchandise</b>	1,939,739	1,922,084	17,655	
c	<b>Meals</b>	1,511	1,511		
d					
e	All other expenses _____	7,359	3,167	4,192	
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	23,717,697	20,480,563	2,968,786	268,348
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	11,434,574	1	7,884,692
	2	Savings and temporary cash investments	102,201	2	50,352
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,101	4	63,963
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	676,933		
	b	Less: accumulated depreciation	436,474	10c	240,459
	11	Investments - publicly traded securities		11	509,244
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,658,644	15	1,238,623
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	13,219,139	16	9,987,333	
Liabilities	17	Accounts payable and accrued expenses	484,501	17	761,187
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	63,359
	26	<b>Total liabilities.</b> Add lines 17 through 25	484,501	26	824,546
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	12,734,638	27	9,162,787
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	12,734,638	32	9,162,787
33	<b>Total liabilities and net assets/fund balances</b>	13,219,139	33	9,987,333	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,444,746
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,717,697
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(2,272,951)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,734,638
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(694,751)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	(604,149)
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	9,162,787

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> BVM Capacity Building Institute Inc	<b>Employer identification number</b> 82-3835203
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,171,988	3,457,565	22,184,455	14,129,096	21,438,849	63,381,953
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,171,988	3,457,565	22,184,455	14,129,096	21,438,849	63,381,953
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						11,453,226
<b>6 Public support.</b> Subtract line 5 from line 4.						51,928,727

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,171,988	3,457,565	22,184,455	14,129,096	21,438,849	63,381,953
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	160	968	2,581	5,095	5,897	14,701
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						63,396,654
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . .		
b	Excess from 2019 . . . .		
c	Excess from 2020 . . . .		
d	Excess from 2021 . . . .		
e	Excess from 2022 . . . .		



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022

Table with 2 columns: Name of the organization (BVM Capacity Building Institute Inc) and Employer identification number (82-3835203)

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: [ ] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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 <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Boston Foundation 75 Arlington St Ste 3 Boston MA 02116	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Conrad Hilton Foundation 30440 Agoura Rd Agoura Hills CA 91301	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Ford Foundation 320 E 43rd St New York NY 10017	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Foundation to Promote Open Society 2561 S Arlington Rd Akron OH 44319	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Georgia Alliance for Education PO Box 170515 Atlanta GA 30333	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Georgians for a Healthy Future 50 Hurt Plaza Atlanta GA 30303	\$ 28,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Liberty Hill Foundation 6420 Wilshire Blvd Ste 700 Los Angeles CA 90048	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Mastercard Impact Fund 2000 Purchase St Purchase NY 10577	\$ 30,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Mertz Gilmore Foundation Grant 218 E 18th St New York NY 10003	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Prudential Foundation 751 Broad St 15th Fl New York NY 10016	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Neo Philanthropy 45 W 36th St 6th FL New York NY 10018	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Robert W Johnson 50 College Rd E Princeton NJ 08540	\$ 1,450,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Rockerfeller Family Fund 420 5th Ave New York NY 10013	\$ 140,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Scwab Charitable 211 Main St San Francisco CA 94105	\$ 70,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Silicon Valley Community Foundation 2440 El Camino Real Suite 600 Mountain View CA 94040	\$ 1,015,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Solidaire Network 52 Crescent Ave Malden MA 02148	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	The Good Nation 100 Crosby St Ste 301 New York NY 10012	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	The Grove Foundation PO Box 1667 Los Altos CA 94023	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

BVM Capacity Building Institute Inc

Employer identification number

82-3835203

**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	The San Francisco Foundation 1 Embarcadero Center San Francisco CA 94111	\$ 78,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Hill Snowdon Foundation 1250 Conneticut Ave NW Washington DC 20036	\$ 90,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	New Venture Fund 1201 Connecticut Ave Washington DC 20036	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	The Libra Foundation 1825 K St NW Washington DC 20006	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Tides Foundation 1012 Torney Ave San Francisco CA 94129	\$ 1,304,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Unitarian Universalist Veach 48 Shelter Rock Rd Manhasset NY 11030	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Vanguard Charitable 2670 Warwick Ave Warwick RI 02889	\$ 104,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Windward Funds 1201 Connecticut Avenue NW Suite 30 Washington DC 20036	\$ 625,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	National Philanthropic Trust 165 Township Line Rd Jenkintown PA 19046-3594	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Schmidt Foundation 555 Bryant St Palo Alto CA 94301	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ProGeorgia 151 Ellis St NE Atlanta GA 30303	\$ 689,664	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Impact Assets 4340 East West Highway Suite 210 Bethesda MD 20814	\$ 45,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Seattle Foundation 1601 Fifth Avenue Suite 1900 Seattle WA 98101	\$ 62,454	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Amalgamated Charitable Foundation 1825 K St NW Washington DC 20006-1202	\$ 366,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Community Foundation of Greater ATL 491 Peachtree St NE Suite 1800 Atlanta GA 30303	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Community Catalyst Inc One Federal St 5th Fl Boston MA 02110	\$ 496,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Wend LLC 1550 Larimer St Ste 680 Denver CO 80202	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GPF NA LLC 1114 Avenue of the Americas New York NY 10036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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	Way To Rise for Leadership Developm 340 S Lemon Ave Suite 1940 Walnut CA 91789	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Ananda Fund 100 North Market St De3 - C070 Wilmington DE 19801	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Groundswell Fund 548 Market St 49734 San Francisco CA 94104	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Jewish Community Foundation 6505 Wilshire Blvd Suite 1200 Los Angeles CA 90048	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Nathan Cummings Foundation 475 10th Ave New York NY 10018	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Woodcock Foundation 6 West 48th St Floor 10 New York NY 10036	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
43	Foundation Source 55 Walls Drive Fairfield CT 06824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Gorge Community Foundation 408 Cascade Ave Hood River OR 97031	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Louis and Anne Abrons Foundation 708 Broadway Suite 201 Tacoma WA 98402	\$ 230,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Park Foundation 140 Seneca Way Ste 100 Ithaca NY 14850	\$ 203,869	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	The Solutions Project 4096 Piedmont Ave PMB 728 Oakland CA 94611	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	American Endowment Foundation 5700 Darrow Rd Ste 118 Hudson OH 44236	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
49	Howard and Geraldine Pottinger Foun 2 Liberty Square Ste 500 Boston MA 02109	\$ 44,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Kohlberg Foundation Inc 84 Business Park Dr Ste 304 Armonk NY 10504	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	All Voting Is Local 11 Dupont Circle NW Ste 575 Washington DC 20036	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	American Cancer Society PO Box 6704 Hagerstown MD 21741	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	AOGF Causes 40 East Main St Ste 887 Newark DE 19711	\$ 27,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Arthur Blank Foundation 3223 Howell Mill Rd NW Atlanta GA 30327	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
55	Benevity Fund 611 Meredith Rd Ne 700 Calgary Calgary CA T2E2W5	\$ 115,210	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Blueprint North Carolina PO Box 607 Durham NC 27702	\$ 65,789	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Bohemian Foundation 262 E Mountain Ave Fort Collins CO 80524	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Boston University Commonwealth Ave Boston MA 02215	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Brach Family Fund 1600 63rd St Brooklyn NY 11204	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Coalition for the People 501 Pulliam St SW 310 Atlanta GA 30312	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BVM Capacity Building Institute Inc

Employer identification number

82-3835203

**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
61	Common Counsel 1624 Franklin St Suite 1022 Oakland CA 94612	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Compton Foundation PO Box 3599 Redwood City CA 94064	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Crankstart Foundation Pacific Foundation Services Ste 300 San Francisco CA 94109	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	Democracy Frontlines Fund 1825 K St NW Washington DC 20006	\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	Democracy in Action 1700 Connecticut Ave NW Ste 402 Washington DC 20009	\$ 16,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Fund for So Communities 4153-C Flat Shoals Pkwy Ste 314 Decatur GA 30034	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
67	General Service Foundation 3001 Bishop Dr Ste 300 San Ramon CA 94583	\$ 66,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	Georgia Alliance for Progress Po Box 170383 Atlanta GA 30307	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Gerard Gleason 16 Canterbury Rd Stow MA 01775	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	Goldman Sachs Philanthropy PO Box 15203 Albany NY 12212-5203	\$ 1,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	Henlopen Foundation 1714 NE 62nd St Seattle WA 98115-6821	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	Indivisible Civics 1730 Rhode Island Ave NW St 912 Washington DC 20036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
73	JP Morgan Charitable 165 Township Line Rd Ste 1200 Jenkintown PA 19046	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	Jewish Community Federation 121 Steuart St San Francisco CA 94105	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	McNulty Foundation New York New York NY 10005	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	Karen Gunderson 2159 6th Ave Sacramento CA 95818	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	Kelson Foundation 1660 Bush St Ste 300 San Francisco CA 94109-5308	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	Ken Olum 156 Massapoag Ave Sharon MA 02067	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
79	Kingdom in Action World Outreach 7731 Summerdale Dr Richmond TX 77469-4632	\$ 10,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	Anonymous Anonymous Atlanta GA 30344	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	Laurie Schecter 4500 N Surf Rd Hollywood FL 33019	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	Live Nation Worldwide 9348 Civic Centre Dr Beverly Hills CA 90210	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	Lois and Irv Blum Foundation 1001 Fleet St Ste 700 Baltimore MD 21202-4346	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	Loud Hound Foundation 1801 Page Mill Rd Palo Alto CA 94304	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BVM Capacity Building Institute Inc

Employer identification number

82-3835203

**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
85	Miles Rubin 1120 Stone Canyon Rd Los Angeles CA 90077	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	MoveOn.org 1442 Walnut St Ste 358 Berkeley CA 94709	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	MoveOn.org Education Fund 1442 Walnut St Ste 358 Berkeley CA 94709	\$ 63,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	NAACP 1000 U St NW Ste 100 Washington DC 20001	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	Nike USA 2950 W Interstate 20 Grand Prairie TX 75052	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	Panta Rhea Foundation 7979 Ivanhoe Ave Ste 460 La Jolla CA 92037	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BVM Capacity Building Institute Inc

Employer identification number

82-3835203

**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
91	Penney Family Fund 127 Unversity Ave Berkeley CA 94710	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	Reissa Foundation 501 Silverside Rd Wilmington DE 19809	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	SEI Giving Fund 1 Freedom Valley Dr Oaks PA 19456	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	Social Justice Fund 1904 3rd Ave N Ste 806 Seattle WA 98109	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	Southeastern Records LLC 3310 West End Ave Ste 400 Nashville TN 37203	\$ 18,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	The Community Foundation 4 Vanderbilt Park Dr Ste 300 Asheville NC 28803	\$ 280,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
97	The Educational Foundation of Ameri 501 Silverside Rd Wilmington DE 19809	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	The Educational Foundation of Ameri 4801 Hampden Lane Unit 106 Bethesda MD 20814	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	The J M Kaplan Fund 71 W 23rd St Ste 903 New York NY 10010	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	The Nellie Mae Education 1250 Hancock St Ste 701N Quincy MA 02169	\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	The Pennywise Foundation PO Box 1112 Richmond VT 05477	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	The Sapelo Foundation 2 E Bryan St Ste 1150 Savannah GA 31401	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BVM Capacity Building Institute Inc</b>	Employer identification number <b>82-3835203</b>
--	---

**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
103	United Way of Greater Atlanta 40 Courtland St NE Atlanta GA 30303	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	Universal Music 2110 Colorado Ave Ste 110 Santa Monica CA 90404	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	YourCause LLC 6111 W Plano Pkwy Ste 100 Plano TX 75093	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	US Energy Foundation 55 Second St Ste 2400 San Francisco CA 94105	\$ 268,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	Waterford Research Institute 280 W 10200 S Sandy UT 84070	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	Z Smith Reynolds 102 W Third St Winston Salem NC 27101	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

BVM Capacity Building Institute Inc

82-3835203

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . . <b>STMD1E</b>		<b>676,933</b>	<b>436,474</b>	<b>240,459</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				<b>240,459</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>Balance of Compromised Funds Owed</b>	<b>1,238,623</b>
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.). . . . .	<b>1,238,623</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Capital Lease</b>	<b>63,359</b>	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . .	<b>63,359</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>20,749,995</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> (694,751)		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	<b>(694,751)</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>21,444,746</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> . . . . .		<b>5</b>	<b>21,444,746</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>23,717,697</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>23,717,697</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i> . . . . .		<b>5</b>	<b>23,717,697</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2022 PG01**

Name(s) as shown on return

Tax ID Number

BVM Capacity Building Institute Inc

82-3835203

**Form 990 - Schedule D - Part VI - Line 1e**      Statement #D1e  
Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Software	0	4,320	1,756	2,564
Computer Equipment	0	4,299	5,101	(802)
Vehicles	0	183,147	4,361	178,786
Capital Lease Asset	0	485,167	425,256	59,911
<b>Total</b>	<u>0</u>	<u>676,933</u>	<u>436,474</u>	<u>240,459</u>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**BVM Capacity Building Institute Inc**

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A Philip Randolph Institute 815 16th St NW 4th Fl Washington DC 20006	38-4139016	501(c)(3)	20,000				General
(2)	Bully Box Passion Project 569 Austin Rd Opelousas LA 70570	84-4458425	501(c)(3)	5,000				GOTV
(3)	1 Vote Counts Inc 231 State St Unit 403 Harrisburg PA 17101	85-1853336	501(c)(3)	15,500				GOTV
(4)	Abundant Life Ministries of 1644 Stanley Dr. Benton Harbor MI 49022	20-1821841	501(c)(3)	38,000				General
(5)	1Hood Media Academy 460 Melwood Ave Suite 207 Pittsburgh PA 15213	81-3871444	501(c)(3)	6,000				General
(6)	AL Association for the Arts 4419 Evangel Circle Huntsville AL 35816	83-2474464	501(c)(3)	10,900				General
(7)	1Hood Power 460 Melwood Ave Ste 204 Pittsburgh PA 15211	85-1462805	501(c)(4)	15,000				GOTV
(8)	A Philip Randolph Insitute 100 Sara Kay Cir Macon GA 31216	86-2436339	501(c)(3)	36,500				COVID Mutual Aid
(9)	ABLS			19,000				General
(10)	Abundance of Life			10,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **116**
- 3 Enter total number of other organizations listed in the line 1 table **436**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Bethel AME Church 2720 Webster Ave Pittsburgh PA 15219	25-1851898	501(c)(3)	14,000				General
(2)	Action St Louis 2857 Sidney St Saint Louis MO 63104	82-4375002	501(c)(3)	45,000				General
(3)	African American Tri City N 2022 Hiwassee Dr Bonaire GA 31005	78-7142419		27,000				GOTV
(4)	African Heritage Food Coop 585 E Summerlin St Bartow FL 33830		501(c)(3)	5,000				GOTV
(5)	Brothers and Sisters Improv 822 Swygert Rd Blythewood SC 29016	85-2036471		7,500				General
(6)	African Methodist Episcopal 1621 Wellington Rd Los Angeles CA 90019	53-0204696	501(c)(3)	450,000				GOTV
(7)	Agape Green Acres Ministry			12,500				General
(8)	Agile Planing Solutions 4000 Gus Young Ave Baton Rouge LA 70802	83-0868272		10,500				Emergency Relief
(9)	Aldine American Federation 1404 N Sam Houston Pkwy E S Houston TX 77032	20-8355633		7,500				GOTV
(10)	All About the Ballots 2609 E Moonlight Ln Leesburg FL 34788	83-3534954		20,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	All Souls Movement	87-4089102	501(c)(3)	12,000				GOTV
(2)	Alpha and Omega Nutrition P 2887 South Mendenhall Rd St Memphis TN 38115	90-0745105	501(c)(3)	5,000				GOTV
(3)	Coastwide Dr MLK Jr Committ P.O. Box 56 Biloxi MS 39533	64-0868740	501(c)(3)	22,500				General
(4)	Alpha Merit Group Education Po Box 88318 Houston TX 77288		501(c)(3)	6,500				General
(5)	Alpha Phi Alpha		501(c)(3)	5,000				General
(6)	Alpha Phi Alpha-Kappa Tau L PO Box 2772 Valdosta GA 31605			18,500				General Operating
(7)	Angel by Nature 3434 Saint Benedict St Houston TX 77021			5,000				General
(8)	Anthony Winn			5,000				General
(9)	Antioch AME Church 765 S Hairston Rd Stone Mountain GA 30088	58-6111749	501(c)(3)	7,000				General
(10)	APRI Detroit/Downriver Chap P.O Box 2831 Detroit MI 48228	84-4913693	501(c)(3)	26,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Ark of the Covenant GF Chur			5,400				General
(2)	Ark of the Covenant Ministr 405 Eas Drain St Bunnell FL 32110			5,400				General
(3)	Delta Sigma Theta Americus 323 West Chruch Street Americus GA 31709	58-1884307	501(c)(3)	5,000				General
(4)	Armed and Educated 3814 Meadow Haven Louisville KY 40218	87-3117266	501(c)(3)	10,000				GOTV
(5)	Divine Educational Learning 1415 NW 206 Terr Miami FL 33169	82-2139605		20,000				General
(6)	Asher Legacy Group 724 Springwood Dr SE Grand Rapids MI 49548			6,000				GOTV
(7)	Authenza Arts and Entertain 1515 Vassar Dr Kalamazoo MI 49001	46-4282755		17,500				GOTV
(8)	Baker County Community Coun PO Box 131 Newton GA 39870	58-2237063	501(c)(3)	6,000				GOTV
(9)	EFE Eloise Floyd-Edmond Fou P.O. Box 627 Ashburn GA 31714	30-0596216	501(c)(3)	23,350				General
(10)	Bama Kids Inc PO Box 212 Camden AL 36726	58-2120600	501(C)(3)	6,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Barred Business</b> 477 Windsor St Ste 204 and Atlanta GA 30312	87-1392944	501(c)(3)	40,000				GOTV
(2)	<b>Bay County Branch NAACP</b> 3100 E 11th St Panama City FL 32401	59-3579202	501(c)(4)	10,000				General
(3)	<b>Beacon Hill Black Alliance</b>			10,000				General
(4)	<b>Beloved Care Project</b> 6024 Kingsessing Ave Philadelphia PA 19142	86-2416575	501(c)(3)	20,450				GOTV
(5)	<b>Eternal Happiness Foundatio</b> 1291 County Road 3310 Troy AL 36079	83-0620595	501(c)(3)	16,000				General
(6)	<b>Bethel Ensley Action Task I</b> 1517 Ave D Ensley Birmingham AL 35218	63-1031240	501(c)(3)	7,500				GOTV
(7)	<b>Black Convicted anad Still</b> 6429 N Woodstock St Philadelphia PA 19138	87-3913683		12,000				GOTV
(8)	<b>Black Labor Week LLC</b> 3848 Delaware St Gary IN 46409	87-2636418		15,000				General
(9)	<b>Black Men Build</b> 77 Sands St No 6 Brooklyn NY 11201		501(c)(3)	120,000				GOTV
(10)	<b>Fayetteville PACT</b> P.O. Box 25667 Fayetteville NC 28314	85-1711407	501(c)(3)	20,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Black Men Vote Civic Action 4410 Massachusetts Ave NW No Washington DC 20016</b>	<b>86-1965600</b>	<b>501(c)(4)</b>	<b>20,000</b>				<b>GOTV</b>
(2)	<b>Black Pages International 1806 Washington Street Columbia SC 29201</b>	<b>74-3042885</b>	<b>501(c)(3)</b>	<b>8,500</b>				<b>General</b>
(3)	<b>Black Push Inc 542 Moreland Ave SE Atlanta GA 30316</b>	<b>47-2146278</b>	<b>501(C)(3)</b>	<b>20,000</b>				<b>GOTV</b>
(4)	<b>Black Wall USA 922 N 3rd St Harrisburg PA 17102</b>	<b>85-0993638</b>		<b>54,000</b>				<b>General</b>
(5)	<b>Bless One Community 1032 Chaterly Ct Riverdale GA 30296</b>	<b>88-3368823</b>	<b>501(c)(3)</b>	<b>17,000</b>				<b>General</b>
(6)	<b>Bossier Parish NAACP Branc P.O. Box 806 Shreveport LA 71108</b>	<b>85-2457447</b>	<b>501(c)(4)</b>	<b>7,000</b>				<b>General</b>
(7)	<b>Glendora Economic and CDC 222 Jones Ave Glendora MS 38928</b>	<b>64-0799536</b>	<b>501(c)(3)</b>	<b>35,000</b>				<b>General</b>
(8)	<b>Brazoria County Voter Initi 5519 Autumn Ash Lane Rosharon TX 77583</b>	<b>88-3894542</b>		<b>32,500</b>				<b>GOTV</b>
(9)	<b>Building on Opportunities f</b>			<b>10,000</b>				<b>General</b>
(10)	<b>Greater Augusta's Interfait 2807 Washington Road Suit B Augusta GA 30909</b>	<b>84-4240104</b>	<b>501(c)(3)</b>	<b>75,650</b>				<b>General</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Green Street Alumni 207 Nix Way Warner Robins GA 31093	85-3413005		26,850				General
(2)	Growing Real Alternative Ev 2611 Clay St Houston TX 77003	84-2892679	501(c)(3)	33,000				General
(3)	By Any Means 104 PO Box 8852 Fort Worth TX 76124	86-3651026	501(c)(3)	10,000				Environmental Justice
(4)	Hancock County Democratic C 439 L Ingram Rd Sparta GA 31087	83-0601350	501(c)(3)	59,800				General
(5)	Call to Action for Racial E 1047 Orchard St Charleston WV 25302	82-3212990	501(c)(3)	18,000				GOTV
(6)	Helping Hands Outreach Serv 108 Horseshoe Circle Jackson MS 39203	32-0194885	501(c)(3)	23,875				General
(7)	Campbell Chapel AME Church 25 Boundary Bluffton SC 29910	05-3202596	501(c)(3)	5,000				GOTV
(8)	Cbates Ministry PO Box 121 Coppell TX 75019-0101	87-1043244	501(c)(3)	9,000				General
(9)	Holla! CDC P.O. Box 88 Wadesboro NC 28170	51-0562858	501(c)(3)	15,000				General
(10)	Institute for the Dev of Af 2305 N Broad Street Philadelphia PA 19132	23-2626731	501(c)(3)	31,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Centenary College of LA 2911 Centenary Blvd Shreveport LA 71104	72-0408915	501(c)(3)	6,000				General
(2)	Jacksonville Branch NAACP 1225 West Beaver Street Jacksonville FL 32204	59-6196479	501(c)(4)	5,000				General
(3)	James L Barnes 277 South Main Street Dawson GA 39842	31-1710747	501(c)(3)	25,700				General
(4)	James Weldon Johnson Branch 903 Union Street West Jacksonville FL 32203	45-4165568	501(c)(3)	25,120				General
(5)	Center for Constitutional R 666 Broadway 7th Fl New York NY 10012	22-6082880	501(c)(3)	10,000				General
(6)	Center for Fair Housing Inc 602 Bel Air Blvd Ste 7 Mobile AL 36606	72-1341787	501(c)(3)	10,000				GOTV
(7)	Charleston/Columbia Distric			5,000				General
(8)	Charlies Place 1911 Krom St Kalamazoo MI 49007	46-4081928	501(c)(3)	8,000				GOTV
(9)	Kinkead Housing Foundation 975 North State Street Suit Jackson MS 39202	20-5761971	501(c)(3)	18,000				General
(10)	Charoset of Restoration Inc 159 Bumphead Road Americus GA 31719	36-4623088	501(c)(3)	6,500				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Brazoria County Voter Initi 5519 Autumn Ash Lane Rosharon TX 77583	88-3894542		7,500				GOTV
(2)	Citizen SHE United 1026 Amelia New Orleans LA 70115	82-3876771	501(c)(4)	10,000				GOTV
(3)	Citizens Organized for Busi 1560 Ben King Rd. NW Kennesaw GA 30144	83-1010993	501(c)(3)	10,000				General
(4)	LEAD Coalition of Bay Count P.O. Box 546 Panama City FL 32402	81-2636147	501(c)(3)	6,000				General
(5)	LGBT Detroit 20025 Greenfield Rd Detroit MI 48235	56-2393981	501(c)(3)	13,000				General
(6)	LGBTQ Center of Bay County 1608 Baker Court Panama City FL 32401	83-1105672	501(c)(3)	10,000				General
(7)	Livingstone College 701 W Monroe Street Salisbury NC 28144	56-0603922	501(c)(3)	20,000				General
(8)	Civil United 13505 Inwood Rd Dallas TX 75244	87-4449025		8,000				GOTV
(9)	Lovevets Ministries Inc 601 Broadmoor Drive Suite 2 Jackson MS 39206	80-0887353	501(c)(3)	21,800				General
(10)	WAM Benevolence Foundatio 356 Carver Court Mullins SC 29574	81-3337694	501(c)(3)	59,500				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Clarksville Mont County NAA 601 College St Clarksville TN 37040			7,500				General
(2)	Clean Air Coalition of WNY 371 Delaware Ave Buffalo NY 14202	27-0746038	501(c)(3)	20,000				General
(3)	Coalition for Tenant Justic			15,000				General
(4)	Coalition for Black Trade Un 321 16th Ave S Tacoma WA 98411			5,000				General
(5)	Mind Body and Soul Consulta 118 Paloma Dr Leesburg GA 31763	47-3033354	501(c)(3)	10,000				General
(6)	Mission House 120 Statesville Blvd Salisbury NC 28144	47-3822862	501(c)(3)	18,500				General
(7)	Coalition of Black Trade Un PO Box 40149 Redford MI 48240			5,000				General
(8)	Mississippi Trailblazers Vi 1008 Coolidge Street Tupelo MS 38801	46-1617406		12,500				GOTV/Voter Registration
(9)	Mississippi Workers' Center 819 Main Street Greenville MS 38701	64-0904601		16,500				General
(10)	oms Against Racism dba The 1648 Jonesberry Drive Rock Hill SC 29732	85-4158879	501(c)(3)	44,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Coffee County SRBWI 614 Taylor Circle Douglas GA 31533	87-1187004		6,500				General
(2)	Mothers of Hope 603 Ada Street Kalamzoo MI 49007	27-0228453	501(c)(3)	22,000				General
(3)	Columbia Peace and Justice 809 S Main St Ste 100 Columbia TN 38401-3353	86-1833857	501(c)(3)	10,000				General
(4)	Community Awareness and Pre 26685 Highway 10 Butler AL 36904	81-3171895	501(c)(3)	5,000				GOTV
(5)	Ms Black Women's Roundtable P.O. Box 21499 Jackson MS 39289	83-1193631		10,000				General
(6)	MS Delta Voter Education Pr 819 Main Street Greenville MS 38701	64-0477962		35,000				General
(7)	Community Development for R 920 Maple Leaf Drive McDonough GA 30253		501(c)(3)	11,000				GOTV
(8)	MS Move 615 Pine Lane Jackson MS 39212	90-0932897		16,500				General
(9)	Community Initiatives 1000 Broadway NO 480 Oakland CA 94607	94-3255070	501(c)(3)	25,000				General
(10)	My Black Has A Purpose 120 12th St 221 Columbus GA 31901	85-2243457		70,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>My Vote Matters Inc 4687 Mason Road Atlanta GA 30349</b>	<b>82-2320959</b>	<b>501(c)(3)</b>	<b>25,000</b>				<b>General</b>
(2)	<b>NAACP Unit 2262 2046 East 19th St Erie PA 16510</b>	<b>30-1320502</b>	<b>501(c)(4)</b>	<b>10,000</b>				<b>General</b>
(3)	<b>Community United 711 Cheatham St Pineland TX 75968</b>	<b>32-0674130</b>		<b>5,000</b>				<b>General</b>
(4)	<b>Create Inc 80 Highway 22 Milledgeville GA 31061</b>	<b>27-2769773</b>		<b>19,295</b>				<b>GOTV</b>
(5)	<b>Cross Inc 3225 Campbell St Moss Point MS 39563</b>	<b>64-0882544</b>	<b>501(c)(3)</b>	<b>18,000</b>				<b>GOTV</b>
(6)	<b>MS Poor People's Campaign PO Box 2656 Jackson MS 39207</b>			<b>17,500</b>				<b>GOTV/Voter Registration</b>
(7)	<b>New Vision MSK P.O. Box 1943 Perry GA 31069</b>	<b>46-4702992</b>	<b>501(c)(3)</b>	<b>22,500</b>				<b>General</b>
(8)	<b>Crystal Mason The Fight 3220 S Jones Fort Worth TX 76110</b>	<b>84-4476891</b>		<b>14,000</b>				<b>GOTV</b>
(9)	<b>D.R.I.V.E. Inc 1000 Brown Ave Cleveland MS 38732</b>	<b>83-3824855</b>	<b>501(c)(3)</b>	<b>5,000</b>				<b>GOTV</b>
(10)	<b>FTC Charity Inc 322 Kibbee Road McDonough GA 30252</b>	<b>14-1960255</b>	<b>501(c)(3)</b>	<b>10,150</b>				<b>General</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Gate City Youth Council P O Box 8440 Greensboro NC 27419	45-2941415	501(c)(4)	20,000				GOTV/Voter Registration
(2)	NC Agricultural and Tech St 1610 E Market Street Greensboro NC 27411	56-6000007	501(c)(3)	22,500				General
(3)	Northside Coalition of Jack 1354 N Laura Street Jacksonville FL 32206	82-1224114	501(c)(3)	23,700				General
(4)	Dawn's Catered Events and M 1684 Rock Church Rd Junction City GA 31812	87-3811091		15,650				GOTV
(5)	Days Cross Road Community I 428 Days Ave Fort Gaines GA 39851			8,000				GOTV
(6)	Decarcerate KC 3621 N Chelsea Ave Kansas City MO 64117		501(c)(3)	40,000				GOTV
(7)	Decarcerate Louisiana 1515 Clay St Shreveport LA 71101	47-3451951	501(c)(3)	10,000				GOTV
(8)	Organizing for Grady County 367 Lake Douglas Road Whigham GA 39897	48-4413966	501(c)(3)	35,400				General
(9)	Deliver My Vote Education F 1250 Connecticut Ave NW Ste Washington DC 20036	87-1377710	501(c)(3)	22,558				General
(10)	Our Own Wall Street 421 Harper Avenue Unit 5 Detroit MI 48202	83-2262065	501(c)(3)	39,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Detroit Change Initiative 535 Griswold Street Detroit MI 48226</b>	<b>81-5264149</b>	<b>501(c)(3)</b>	<b>5,000</b>				<b>General</b>
(2)	<b>Do Gooders of Hampton Roads PO Box 1322 Hampton VA 23661</b>	<b>81-2826585</b>	<b>501(c)(3)</b>	<b>10,000</b>				<b>GOTV</b>
(3)	<b>Peach Concerned Citizens 489 Matthews Rd Fort Valley GA 31030</b>	<b>83-1111184</b>	<b>501(c)(3)</b>	<b>36,150</b>				<b>General</b>
(4)	<b>Donny Hathaway Legacy Proje 860 Glenwood Ave SE Ste 632 Atlanta GA 30316</b>	<b>83-0631267</b>	<b>501(c)(3)</b>	<b>24,500</b>				<b>Emergency Relief</b>
(5)	<b>Gate City Youth Council NAA P O Box 8440 Greensboro NC 27419</b>	<b>45-2941415</b>	<b>501(c)(4)</b>	<b>7,500</b>				<b>GOTV</b>
(6)	<b>Douglas Visions Committee I 1000 18th St Ste 300 Plano TX 75074</b>	<b>75-2891009</b>	<b>501(c)(3)</b>	<b>10,000</b>				<b>GOTV</b>
(7)	<b>Pick 42 Foundation 2709 Ceramic Ct Mullins SC 29574</b>	<b>47-4339440</b>	<b>501(c)(3)</b>	<b>52,600</b>				<b>General</b>
(8)	<b>Global Community Outreach 6819 Wapold Rd Montgomery AL 36116</b>	<b>45-1265704</b>	<b>501(c)(3)</b>	<b>5,000</b>				<b>General</b>
(9)	<b>Downriver Detroit APRI Chap P.O Box 28312 Detroit MI 48228</b>	<b>84-4913693</b>	<b>501(c)(3)</b>	<b>10,000</b>				<b>GOTV</b>
(10)	<b>Quable Funding 110 Broadway Ste 170 San Antonio TX 78205</b>	<b>45-3184402</b>		<b>5,000</b>				<b>GOTV</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Grace Impact Development Ce 401 Stony Landing Rd Moncks Corner SC 29461	81-5401824	501(c)(3)	10,000				BVM/LibGen Solidarity Initiative
(2)	Quitman Co Development Org P.O. Box 386 Marks MS 38646	64-0629668	501(c)(3)	17,500				General
(3)	Randolph Co Concerned Assoc 268 E Dawson Street Cuthbert GA 39840	06-1201754		8,150				General
(4)	East Texas Votes 609 Taylor St Hallsville TX 75650	86-3874214	501(c)(3)	5,000				GOTV
(5)	S2S Facts Inc 59 Varnedoe Ave Suite B Savannah GA 31408	84-2178595	501(c)(3)	26,600				General
(6)	Save our Youth Savannah 2515 Little John Ct Savannah GA 31406	82-0878155	501(c)(3)	8,000				General
(7)	SFP Concerned Citizens Coal 4687 Mason Road Atlanta GA 30349	84-3147354		16,000				Environmental Justice
(8)	Shades of Greatness Inc 761 Cattail Drive Harrisburg PA 17111	84-3147354	501(c)(3)	11,000				General
(9)	East Valley NAACP PO Box 5024 Mesa AZ 85211	86-6030837	501(c)(4)	15,000				GOTV
(10)	Eastside Community Developm 60 America St Charleston SC 29403	51-0448669	501(C)(3)	10,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ESCU Pan Hellenic 1704 Weeksville Road Elizabeth City NC 27909	56-1047680		12,200				General
(2)	South Tifton Learning Cente 2304 Dorminey Street Tifton GA 31794	72-1618880	501(c)(3)	21,850				General
(3)	Southern Echo Inc 1350 Livingston Lane Jackson MS 39213	64-0819311	501(c)(3)	15,000				GOTV/Voter Registration
(4)	Elite Southern Inc 601 N Ashley St Valdosta GA 31601	86-3864767	501(c)(3)	13,000				GOTV
(5)	Empowering Arizona 10632 N Scottsdale Rd Ste B Scottsdale AZ 85254	88-2308669	501(c)(3)	15,000				GOTV
(6)	Empowering Our Youth Inc 1401 Renee Dr Decatur GA 30035	47-1608314	501(c)(3)	5,000				General
(7)	GRAE 2611 Clay St Houston TX 77003	84-2892679	501(c)(3)	56,900				General
(8)	Encore Community Outreach 4320 Deerwood Lake Pkwy Ste Jacksonville FL 32216	87-4381583	501(c)(3)	6,000				GOTV
(9)	St Philip AME Church 240 Candler Rd SE Atlanta GA 30317	58-1468925		36,850				General
(10)	Erie NAACP Unit 2046 E 19th St Erie PA 16510	30-1320502	501(c)(4)	15,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Express Home Program DBA Ca 601 N Ashley St Valdosta GA 31601	36-3689186	501(c)(3)	16,500				GOTV
(2)	Extended Arms Community Dev 7527 Opal Hill Lane Humble TX 77396	76-0621578	501(C)(3)	5,500				GOTV
(3)	Grand Tone LLC 7152 Georgian Rd Philadelphia PA 19138	45-4146061		10,000				GOTV
(4)	The Black Commision 8025 Baymeadows Cir E Ste 2 Jacksonville FL 32256	81-4393370	501(c)(4)	10,100				General
(5)	Greater Allen Chapel Comm E 269 Pursley St Macon GA 31201	47-3199282	501(C)(3)	8,500				Environmental Justice
(6)	Eyvone's Porch In-Centive 516 5th Ave NW Moultrie GA 31768	85-2651554	501(c)(3)	10,950				GOTV
(7)	Faith and Hope Outreach 2127 Beaumont Dr Baton Rouge LA 70806	88-0563725	501(c)(3)	5,000				GOTV
(8)	The Fresh Start Group Inc 661 Leslie Avenue Mobile AL 36617	81-4083853	501(c)(3)	11,500				General
(9)	Greater Grand Rapids NAACP 1530 Madison Ave SE Grand Rapids MI 49507	38-6073279	501(c)(4)	25,000				GOTV
(10)	Faith Ministries of Rayne I 100 Mervine Kahn Dr Rayne LA 70578	26-1726014	501(c)(3)	20,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Greater Refuge Memorial Chu 596 W Church St Orlando FL 32805	59-3297917	501(c)(3)	8,000				GOTV
(2)	Greater Vine City Opportuni 765 Jones Ave NW Atlanta GA 30314	58-2041104	501(c)(3)	8,000				GOTV
(3)	Faith Works in Action Inc 821 Third St Stone Mountain GA 30083	37-1500559	501(c)(3)	6,150				GOTV
(4)	FDK Foundation 102 Masonic Monroe LA 71203	88-0939119	501(C)(3)	5,000				GOTV
(5)	Greenwood-Abbeville Distric 53 W Rigby St Manning SC 29102	15-7888892		5,000				GOTV
(6)	FEBO Vintage Rare Inc 1325 New Castle St Savannah GA 31415	88-0745311	501(C)(3)	13,400				GOTV
(7)	Feeding Accepting Inspiring 3422 Marriott Dr Columbus GA 31907	83-2620876	501(c)(3)	5,150				General
(8)	Hale County Community Enric Alabama Hwy 25 Greensboro AL 36744	63-1230233	501(c)(3)	10,000				General
(9)	Hampton Youth Council Units 101 N Armistead Ave Ste 206 Hampton VA 23669	54-1743492	501(c)(4)	10,000				GOTV
(10)	First Coast NPHC PO Box 40523 Jacksonville FL 32224	81-4566198	501(c)(3)	5,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Antioch Social Action Minis 765 S Hairston Rd Stone Mountain GA 30083			7,000				Voter Registration
(2)	First Institutional Baptist 1141 E Jefferson St Phoenix AZ 85034	23-7260292	501(c)(3)	15,000				GOTV
(3)	Harriet Tubman Freedom Figh 1418 Manotak Point Dr Unit Jacksonville FL 32210	85-3303620	501(c)(3)	38,300				GOTV
(4)	Florida Forward Coalition 726 NW 8th Ave Gainesville FL 32601	88-2129869	501(c)(3)	14,000				GOTV
(5)	Urban Outreach Association 128 Huntington Terrace Griffin GA 30224	81-3433129	501(c)(3)	5,000				General
(6)	Foot Soldiers Park Inc 1420 N Mechanic St Selma AL 36703	86-1479452	501(c)(3)	10,000				GOTV
(7)	W C Chance East End Schools P.O Box 712 Robersonville NC 27871	52-1516565	501(c)(3)	5,000				General
(8)	FREED Texas 4551 Dietrich Rd San Antonio TX 78219	83-4152306	501(c)(3)	13,500				General
(9)	Freedom Bloc 848 W Exchange St Akron OH 44302		501(c)(4)	25,000				GOTV
(10)	Winston Salem State Univers 601 Martin L King Jr Dr 204 Winston-Salem NC 27110	56-6001466		25,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Fresh Start Community Serv 16814 Dunsford Court Houston TX 77083	88-1755515	501(c)(3)	27,500				COVID Mutual Aid/Emergency Relief
(2)	Friends of the Freedom Hous 919 N TONTI STREET New Orleans LA 70119	87-2386336	501(c)(3)	10,000				General
(3)	Fruit Belt Community Land a			5,000				General
(4)	Authenza Arts and Entertain 1231 Banbury Rd Kalamazoo MI 49001	46-4282755		17,500				General
(5)	A Belle LaFemme Society 900 Airline Hwy Ste 325 Baton Rouge LA 70816	83-2927091	501(c)(3)	15,000				General
(6)	A Better Chance A Better Co 362 Williams-Scott Rd Enfield NC 27823	80-0948099	501(c)(3)	36,500				General
(7)	A Better Glynn Inc 30 Jaren Way Brunswick GA 31525	85-2806149	501(c)(3)	23,500				General
(8)	HBCU Green Fund Inc 627 Linda Way Forest Park GA 30297	47-5650301	501(c)(3)	16,000				GOTV
(9)	Helping Others Foundation o 3060 Napier Ave, Suite A Macon GA 31204	86-1882712	501(c)(3)	33,200				Environmental Justice
(10)	Alachua County NAACP PO Box 5014 Gainesville FL 32627	59-2897954	501(c)(4)	31,500				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>A Phillip Randolph Insitute 1007 Carter St Savannah GA 31415</b>	<b>38-4139016</b>	<b>501(c)(3)</b>	<b>53,250</b>				<b>General</b>
(2)	<b>African American Tri-City N 2022 Hiwassee Dr Bonaire GA 31005</b>	<b>86-3627272</b>		<b>27,000</b>				<b>General</b>
(3)	<b>All My Children Daycare Ser 100 N Sevier St Isola MS 38754</b>			<b>5,000</b>				<b>General</b>
(4)	<b>A1 Runway Runners LLC 1115 Seller Ave Isola MS 38754</b>	<b>83-4072886</b>		<b>34,500</b>				<b>General</b>
(5)	<b>Henry County NAACP Youth Co 165 Summit View Dr McDonough GA 30253</b>	<b>83-3752095</b>	<b>501(c)(3)</b>	<b>20,900</b>				<b>GOTV</b>
(6)	<b>Act 4 SA 7970 Fredericksburg Rd Ste San Antonio TX 78229</b>	<b>87-1045068</b>	<b>501(c)(3)</b>	<b>25,700</b>				<b>General</b>
(7)	<b>All Streets All People 4646 Hilary Huckaby Ste 122 Shreveport LA 71107</b>	<b>82-1914305</b>	<b>501(c)(3)</b>	<b>37,500</b>				<b>General</b>
(8)	<b>Highlander Research and Edu 1959 Highlander Way New Market TN 37820</b>	<b>62-0646373</b>	<b>501(c)(3)</b>	<b>25,000</b>				<b>General</b>
(9)	<b>Bayard Rustin LGBTQ Chapter 1408 Hillsborough St Raleigh NC 27605</b>	<b>87-3933183</b>		<b>20,100</b>				<b>General</b>
(10)	<b>Beauty and Barber Empowerme 13104 Shaker Blvd Cleveland OH 44120</b>	<b>61-1788083</b>		<b>52,000</b>				<b>General</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Best Kept Secret - Stop the 1025 North King St Hampton VA 23669	26-1928930	501(c)(3)	50,000				General
(2)	Holy Trinity COGIC 1402 W 16th St Sanford FL 32771	59-3731530	501(C)(3)	5,000				GOTV
(3)	Bibb County Voters League I 1025 North King St Macon GA 31211	27-1478996		10,000				General
(4)	Hope Haven Behavioral Healt 2408 Soutel Dr Jacksonville FL 32209	84-4337178	501(C)(3)	8,500				GOTV
(5)	Black Freedom Factory 230 E Travis St San Antonio TX 78205	20-0319533	501(c)(3)	5,000				COVID-19
(6)	Black Liberation Fund 75 Port City Landing Ste 11 Mount Pleasant SC 29464	85-1622249	501(c)(3)	14,250				General
(7)	Hot 407 Foundation 1201 W 11th St Sanford FL 32771	88-1091640		15,000				General
(8)	Black Voices of Dodge 710 Karen Dr Eastman GA 31023	87-2620701	501(c)(4)	26,150				General
(9)	Black Youth Vote Kalamazoo 603 Ada St Kalamazoo MI 49007	87-4336008	501(c)(3)	43,400				Voter Engagement
(10)	Blackwell Culture Alliance 3500 Lancaster Ave Philadelphia PA 19104	83-3563204	501(c)(3)	5,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Boyz 2 Men Development Inc 7000 Storage Court Ste 3 Columbus GA 31907	81-4234130	501(c)(3)	18,150				General
(2)	Houston County NAACP 213 Suzanne Drive Warner Robins GA 31088	58-6066777	501(c)(3)	15,000				General
(3)	Brookland Baptist Church NE 1203 Summit Pkwy Columbia SC 29229	57-0768547	501(c)(3)	5,000				COVID Vaccine Pop UP
(4)	Brown and Black Unidos LTD 2803 Melrose Dr Valdosta GA 31602	86-2621548		29,350				General
(5)	Houston Federation of Teach 2704 Sutherland St Houston TX 77078	74-1959088	501(c)(5)	7,500				GOTV
(6)	Hudson Catskill Housing Coa 361 Main St Ste 7F Catskill NY 12414	85-0517756	501(c)(3)	15,000				GOTV
(7)	Human Rights Watch 350 5th Ave Fl34 New York NY 10118	13-2875808	501(c)(3)	5,918				General
(8)	Carolina For All Education 109 Tilting Rock Drive Hopkins SC 29061	83-3915725	501(c)(3)	15,000				General
(9)	Central PA Successful Dreams 2330 Green St Harrisburg PA 17110	85-3484185	501(c)(3)	15,000				General
(10)	Change for the Community 734 Short Ave Orlando FL 32805	85-3283441	501(c)(3)	26,200				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Human Service Foundation</b> 1410 Convention St Baton Rouge LA 70802	58-1642478	501(c)(3)	5,000				GOTV
(2)	<b>LQ Paints LLC</b> 1116 Highland Dr Baconton GA 31716	81-4369336		7,000				Environmental Justice
(3)	<b>Community Impact Corporatio</b> PO Box 140027 Gainesville FL 32614	46-4985525	501(c)(3)	30,000				General
(4)	<b>Iconic Customs LLC</b> 719 S Westover Blvd Ste 8 Albany GA 31707			16,000				General
(5)	<b>IG Victory</b> 1149 Salem Benton Harbor MI 49022	85-2174142		24,000				GOTV
(6)	<b>Community Outreach and Empo</b> 2419 Northeast 8th Ave Gainesville FL 32641	86-3548804		8,000				General
(7)	<b>Impactful Touch</b> 4101 Commerce St Dallas TX 75226	87-1456778		25,000				GOTV
(8)	<b>Corazon Ministries</b> 230 E Travis St San Antonio TX 78205	20-0319533	501(c)(3)	15,000				General
(9)	<b>Crown Me</b> 2218 31st St Birmingham AL 35208	84-3570365		21,100				GOTV
(10)	<b>IMPACT</b> 211 Green Valley Rd Fayetteville GA 30214	88-1635192		10,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Davis Delectables 618 Reed Ave Kalamazoo MI 49001	83-4342291		5,500				General
(2)	In Defense of Black Lives PO 15101 Dallas TX 75315	88-0981569	501(c)(3)	10,000				GOTV
(3)	Delta Sigma Theta Sorority P.O. Box 578 Red Oak GA 30272	36-4872294	501(c)(7)	10,000				General
(4)	Inspiritus Empowerment Cent 5618-2 Timuquana Road Jacksonville FL 32210	45-5320624	501(c)(3)	18,500				GOTV
(5)	Detroit Change Initiative 535 Griswold St Ste 111-563 Detroit MI 48221	81-5264149	501(c)(3)	57,500				COVID Vaccination
(6)	Dignity Power 1546 SE Royal Green Circle Port Saint Lucie FL 34952	86-1331235		11,000				General
(7)	Divine Creation Outreach Mi 323 Orange St Georgetown SC 29440	90-0360362	501(c)(3)	10,000				General
(8)	Interfaith Council for Peac 1414 Hill St Ann Arbor MI 48104	38-2528035	501(c)(3)	9,500				General
(9)	IOTA PHI THETA FRATERNITY			5,000				GOTV
(10)	Iota Pi Lambda Chapter of A P.O. Box 571098 Miami FL 33257	65-0789375	501(c)(3)	7,500				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Equity in Action 103 Halcyon Way Thomasville GA 31792</b>	<b>85-2031599</b>	<b>501(c)(4)</b>	<b>36,450</b>				<b>General</b>
(2)	<b>Eta Mu Lambda Chapter Alpha 935 Carson Rd Gastonia NC 28052</b>	<b>46-2615353</b>	<b>501(c)(3)</b>	<b>5,000</b>				<b>General</b>
(3)	<b>Fitzgerald for Change 314 1/2 Pine St Fitzgerald GA 31750</b>	<b>87-1307702</b>	<b>501(c)(3)</b>	<b>15,150</b>				<b>General</b>
(4)	<b>Jackson Parish Branch NAACP PO Box 1697 Hodge LA 71247</b>	<b>72-1173306</b>	<b>501(C)(4)</b>	<b>5,000</b>				<b>GOTV</b>
(5)	<b>Jacksonville Community Act 9374 Scaup Way Jacksonville FL 32218</b>	<b>85-1616346</b>	<b>501(c)(3)</b>	<b>6,800</b>				<b>GOTV</b>
(6)	<b>JB Consulting</b>			<b>26,400</b>				<b>General</b>
(7)	<b>Jefferson County Concerned 11811 Clarks Mill Rd Avera GA 30803</b>	<b>58-1716933</b>	<b>501(c)(4)</b>	<b>21,150</b>				<b>GOTV</b>
(8)	<b>Fresh Communities 709 Jones St Waycross GA 31501</b>	<b>85-3355399</b>		<b>15,000</b>				<b>GOTV</b>
(9)	<b>Journeys for the Soul 1420 N Mechanic St Selma AL 36703</b>	<b>85-1830421</b>		<b>53,000</b>				<b>GOTV</b>
(10)	<b>Friends of West End 1229 14th Pl SW Birmingham AL 35211</b>	<b>26-1987924</b>	<b>501(c)(3)</b>	<b>17,650</b>				<b>General</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Juneteenth Umoja 1002 South 5th St Monroe LA 71202		501(c)(3)	13,000				GOTV
(2)	Full Citizens Coalition 178 Temple St Hartford CT 06106			15,000				General
(3)	Kaleidoscope Outreach Minis 2597 Twin Oaks Dr SW Marietta GA 30064	26-4662408	501(C)(3)	7,150				GOTV
(4)	Kappa Epsilon Psi Military 4114 Sherwood Cir Canton MI 48188	45-4769863	501(c)(3)	5,500				General
(5)	Katarina's Kamera 595 Clay St Benton Harbor MI 49022			5,000				GOTV
(6)	Greater Norristown NAACP PO Box 201 Norristown PA 19403	23-6434577		9,100				GOTV
(7)	Kellie Skipper			5,000				General
(8)	Kentucky Civic Engagement T 241 Creekside Court Unit A Lexington KY 40504	83-2413836	501(c)(3)	5,000				General
(9)	Houston Society for Change 1507 California St Houston TX 77006	85-1580298	501(c)(3)	15,000				General
(10)	adder Stragies and Solutio 3025 Bull St Office 216 Savannah GA 31405	88-2269810	501(c)(3)	12,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Humble Underated Blacktrepr 9607 Farnham Dr Pike Road AL 36064	87-2111616		5,000				GOTV
(2)	International Black Summit 700 Columbus Ave New York NY 10025	94-3247870	501(c)(3)	10,000				General
(3)	Kingdom in Action World Out 105 East Hickman St Delcambre LA 70528	85-1281840	501(C)(3)	13,000				GOTV
(4)	Knitted Souls of Lambda Tau 695 Old Brookman Rd Brunswick GA 31523	22-3916864	501(c)(3)	7,000				GOTV
(5)	LA Voice 3660 Wilshire Blvd Ste 602 Los Angeles CA 90010	82-4819191	501(c)(4)	25,000				GOTV
(6)	Kilombo Academic and Cultur 1879 Columbia Dr Decatur GA 30032	46-2666347	501(c)(3)	5,000				General
(7)	Cultivating Lives Education 811 Winona Ave Waycross GA 31503	85-2660973	501(c)(3)	5,000				General
(8)	Lenoras Honoring our Ancest 100 Teal Ln Ste 35 Lafayette LA 70507	43-4927335		18,000				GOTV
(9)	Lead Louisiana 3419 NW Evangeline Thruway Carencro LA 70520	83-0946022		12,500				GOTV
(10)	Legacy Group Development Co 3105 Carver Dr Fort Valley GA 31030	85-2368813	501(c)(3)	21,750				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Leaders of Kenosha</b> 6020 18th Ave Kenosha WI 53143	85-4208091	501(c)(3)	10,000				GOTV
(2)	<b>Little Zorlah Missionary Ba</b> 1002 Parkview Dr Jeanerette LA 70544	72-2000079	501(C)(3)	6,000				General
(3)	<b>Lower 9th Ward Voters Coali</b> 5227 Chartres St New Orleans LA 70117	27-0185863	501(c)(3)	5,000				General
(4)	<b>Madison County Union for Pr</b> 500 Welch St Canton MS 39046	64-0592636	501(c)(3)	14,000				General
(5)	<b>Manifest Magic Black Girl C</b> 117 Summer Terrace Ln Clarksville TN 37040	85-0822360	501(c)(3)	5,000				General
(6)	<b>Masters Touch FS Inc</b> 2105 Leesburg Hwy Dawson GA 39842	82-5284547	501(c)(4)	46,700				General
(7)	<b>Michael Grady and New Gulf</b> 6020 Cherry St Panama City FL 32404	82-0541239	501(c)(3)	6,500				General
(8)	<b>Michigan Coalition on Black</b> 91 N Saginaw St Ste G109 Pontiac MI 48342			15,000				GOTV
(9)	<b>Leading with Social Care LW</b>			5,000				General
(10)	<b>Mixed Sistaz United</b> 5445 Catchall Rd Dalzell SC 29040	86-1565655	501(c)(3)	18,700				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	League of Women Voters of A 1934 E Camelback Rd Ste 120 Phoenix AZ 85016		501(c)(4)	17,000				GOTV
(2)	Legal Services of Alabama			5,000				General
(3)	Leland Southern Rural Black 231 School Park Dr Leland MS 38756			6,500				GOTV
(4)	Little Zorah Missionary Bap 3611 Old Jeanerette Rd New Iberia LA 70563	72-0000079	501(C)(3)	41,400				GOTV
(5)	NEAR (Northeast Against Rac 718 Rhawn St Philadelphia PA 19111	23-7046393		5,500				General
(6)	Long Live Curtis LLC 22 Bruning Ln Palm Coast FL 32137	84-2049742	501(C)(3)	5,000				GOTV
(7)	Next Wave Strategies 2368A Rice Blvd Ste 197 Houston TX 77005	84-2159568		23,000				GOTV
(8)	NGAN Foundation 1808 S Good Latimer Expy Dallas TX 75226	81-2565213	501(c)(3)	7,500				GOTV
(9)	Nicetown CDC 4300 Germantown Ave Philadelphia PA 19140	23-3061705	501(c)(3)	7,500				GOTV
(10)	Lotus Flower Project PO Box 7033 Jacksonville FL 32238	84-4079336	501(c)(3)	8,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Louisiana NAACP Convention 3313 Government St Baton Rouge LA 70806	72-1095330	501(C)(4)	7,000				GOTV
(2)	Louisiana State Conference 3313 Government St Baton Rouge LA 70806	72-1095330	501(c)(4)	10,000				GOTV
(3)	PA Youth Vote 1207 Chestnut St Ste 700 Philadelphia PA 19107			20,000				GOTV
(4)	Louisville Branch NAACP 1245 Catalpa Court Louisville KY 40211	61-6052594	501(C)(4)	18,000				GOTV
(5)	Pitt County NAACP 800 West 5th St. Greenville NC 27834	56-2000453	501(c)(3)	9,000				GOTV
(6)	Pontiac Policy Action Fund 91 N. Saginaw G-109 Pontiac MI 48342	81-1428177	501(c)(4)	37,000				General
(7)	Power Circle Mentors 4330 Frankford Ave Philadelphia PA 19124	82-0655743	501(c)(3)	15,000				GOTV
(8)	Protect the Vote 3104 Briarcliff Rd. NE, #98 Atlanta GA 30345	86-3785016	501(c)(3)	76,150				GOTV
(9)	Love Feeds 404 Spurgeon St Waycross GA 31501	85-3438846	501(c)(3)	27,150				General
(10)	Raleigh Youth Chapter A Phi 1408 Hillsborough St Raleigh NC 27605	46-3174721	501(C)(3)	16,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Recovery and Restoration Ho 138 Wood Dr Albany GA 31701	83-4712471	501(c)(3)	26,450				GOTV
(2)	Loving Care Group Inc 1623 2nd Ave N Unit 802 Birmingham AL 35203	88-2134681	501(c)(3)	18,000				GOTV
(3)	Reliable Revolutionaires of 110 E Houston San Antonio TX 78205	85-3117610		7,500				GOTV
(4)	Ripe for Victory 2900 Westfork Dr Ste 401 Baton Rouge LA 70827	85-1602712	501(c)(3)	19,850				General
(5)	Lower 9th Ward Center for S 4819 N Roman St New Orleans LA 70117	81-3999544	501(c)(3)	15,000				GOTV
(6)	LWSC Community Circle 22430 Gratiot Eastpointe MI 48021	83-2435091	501(c)(3)	10,000				General
(7)	Lyfeline Initiative Inc 1913 W Alabama Ave, G302 D Ruston LA 71270	85-1805865	501(c)(3)	8,000				Environmental Justice
(8)	Macon Bibb NAACP PO Box 6452 Macon GA 31208	58-2367260	501(c)(4)	10,500				GOTV
(9)	Mansfield Civic Group 258 creek bank rd Mansfield LA 71052	82-5317877		6,000				General
(10)	Single Moms Connect Inc 507 North Davis Dr Warner Robins GA 31093	47-3691373	501(c)(3)	5,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Sisters Seat at the Table I 8716 Merseyside Ave Jacksonville FL 32219	86-3506306		10,000				General
(2)	March on Maryland 1801 Green Top Ct Annapolis MD 21401	82-0958114	501(c)(3)	5,000				General
(3)	St Paul Missionary Baptist			30,000				General
(4)	Maricopa County Branch NAAC 39 E Jackson St Rm 145 Phoenix AZ 85004	86-0507440	501(c)(4)	10,000				GOTV
(5)	Mark Thompson			10,000				General
(6)	Sunshine Station 104 Grandview Dr Elizabeth City NC 27909	82-2708091	501(c)(3)	12,000				General
(7)	T Ramsey and Associates 296 2nd Avenue Pontiac MI 48340	47-4887359		10,000				BVM/Libgen Solidarity Economy
(8)	MCW Pathway Consulting 1515 Vassar Dr Kalamazoo MI 49001	88-3603744		5,000				GOTV
(9)	MEDF Minerva Education and PO Box 21655 Detroit MI 48221	38-3068654	501(c)(3)	10,730				GOTV
(10)	Melanin Market Inc 822 A Philip Randolph Blvd Jacksonville FL 32206	85-2280318	501(c)(3)	8,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Memphis A Philip Randolph 2138 Alcy Road Memphis TN 38114	83-4273636	501(c)(3)	13,500				GOTV
(2)	The Black Table Fund 601 N Ashley St Valdosta GA 31602	20-5134765	501(c)(3)	27,500				General
(3)	The Brothers Roundtable Inc 3620 Buena Vista Pike Nashville TN 37218	85-3142014	501(c)(3)	10,000				General
(4)	Metcalfe Park Comm Bridges 3624 W North Ave 2nd FL Milwaukee WI 53208	81-2101846	501(c)(3)	14,000				GOTV
(5)	The Legendary Barter and Tr 1526 March St Apt 1 Kalamazoo MI 49007	80-2430633		13,000				GOTV
(6)	Metropolitan Dallas Alumnae 2525 Martin Luther King Blv Dallas TX 75215	75-2310976		5,000				General
(7)	Miami Shore People of Color 10518 NE 3rd Ave Miami FL 33138	81-3928615	501(c)(3)	10,000				General
(8)	Midlands District AME Churc 53 W Rigby St Manning SC 29102			5,000				GOTV
(9)	Mill Creek Comm Partnership 4800 Brown St Ste 102 Philadelphia PA 19139	20-1893842	501(c)(3)	7,500				GOTV
(10)	Millenials In Action 7046 Chew Ave Philadelphia PA 19119	86-1620638		60,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Twin Forks Rising Community 601 E Pine St Hattiesburg MS 39401	81-5096036	501(c)(3)	15,500				General
(2)	United States Christian Lea 19365 County Rd Ste 3224 Mount Enterprise TX 75681	81-1343321	501(c)(3)	16,000				General
(3)	Mississippi Delta Council 1005 N. State Street Clarksdale MS 38614	64-0507946	501(c)(3)	10,000				BVM/LibGen Solidarity Economy
(4)	Mississippi Free Press 125 S Congress St Ste 1324 Jackson MS 39201	85-1403937	501(c)(3)	13,000				General
(5)	Mississippi Voters 510 George St Ste 308 Jackson MS 39202	82-1014316	501(c)(3)	15,000				GOTV
(6)	Monroe Regional Black Chamb PO Box 8073 Monroe LA 71203	86-1338687	501(c)(3)	10,000				GOTV
(7)	Moore County NAACP 144 Leake Street Carthage NC 28327	56-2125694	501(c)(4)	12,500				General
(8)	Mothers of Incarcerated Son 1035 Liverpool St Pittsburgh PA 15233	83-2292873	501(c)(3)	10,000				GOTV
(9)	Mount Calvary Comm Developm 1720 E Broadway Rd Mesa AZ 85204	61-1453748	501(c)(3)	15,000				GOTV
(10)	Movement for Change 1603 North Davis Hwy Pensacola FL 32503	59-3682100	501(c)(3)	14,500				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Ms Mollys World 806 Browning St Shreveport LA 71108	88-3603601		5,000				General
(2)	Mt Zion Baptist Church 120 Roberson St Kalamazoo MI 49007	38-3036879	501(c)()	13,000				GOTV
(3)	MTS Ministries 4196 Winding Way Kalamazoo MI 49004	47-1131554	501(c)(3)	5,900				GOTV
(4)	Muskegon Women In Formation 2015 Addison St Muskegon MI 49441	86-3391556		15,000				GOTV
(5)	NAACP Tallahassee Branch 719 West Brevard St Tallahassee FL 32304	82-2599699	501(C)(4)	7,250				GOTV
(6)	NAACP 6062			5,000				General
(7)	NAACP Atlanta 1147 Calhoun Ave Atlanta GA 30334	13-1084135	501(c)(3)	15,000				GOTV
(8)	NAACP Charlotte - Mecklenbu 2317 Sonoma Valley Drive Charlotte NC 28214	56-1558388	501(c)(4)	5,000				GOTV
(9)	NAACP Clayton County Branch 1374 Pebble Ridge Ln Hampton GA 30228	13-1084136	501(c)(3)	9,000				GOTV
(10)	NAACP Empowerment Programs			5,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NAACP Houston Branch 213 Suzanne Dr Warner Robins GA 31088	58-6066777	501(c)(3)	10,000				General
(2)	NAACP Kentucky Youth and Co 1245 Catalpa Court Louisville KY 40211	91-2082982	501(c)(4)	6,500				GOTV
(3)	NAACP Lafayette Branch 201 E Willow St Lafayette LA 70501	71-1158769	501(c)(4)	10,000				GOTV
(4)	NAACP Pitt County 800 West 5th St Greenville NC 27834	56-2000453	501(C0(3)	5,000				GOTV
(5)	NAACP Youth Council New Orl 6051 Winchester Park Dr New Orleans LA 70128	13-1084135	501(C)(3)	5,000				GOTV
(6)	National Assoc of Advanceme 12200 Fairhill Rd Ste 401 Cleveland OH 44120		501(c)(4)	10,000				GOTV
(7)	National Black Leadership C 1213 Culbreath Dr Ste 321 Wilmington NC 28405	82-4886203	501(c)(3)	16,500				GOTV
(8)	National Council of Negro W PO Box 72227 North Charleston SC 29415	57-0937299	501(C)(3)	5,000				GOTV
(9)	NCAPRI			5,000				General
(10)	New Chapter Push 3611 Old Jeanerette Rd New Iberia LA 70563	72-1000079	501(c)(3)	9,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	New Legacy Foundation Inc 19300 Hartsford St Edison GA 39846	88-3639577		7,000				GOTV
(2)	New Life Change Ministry Wo 307 41st St Blvd Palmetto FL 34221	88-2525554		10,000				General
(3)	New World Believers 2112 West Yonge Pensacola FL 32505	30-0236534	501(c)(3)	20,000				GOTV
(4)	NNLB United 90 State St Ste700 Office 4 Albany NY 12207	88-0828786	501(c)(3)	10,000				GOTV
(5)	North Carolina Black Allian PO Box 27886 Raleigh NC 27611	56-2210571	501(c)(3)	7,500				General
(6)	North Carolina NAACP PO Box 7186 Greensboro NC 27417	56-6061662	501(c)(4)	20,000				GOTV
(7)	North Flint Neighborhood Ac 4119 N Saginaw St Ste 104 Flint MI 48505	82-5155450	501(c)(3)	15,000				GOTV
(8)	North Texas Expo for Young	82-0958114	501(c)(3)	10,000				General
(9)	Northeast Houston American 5310 E Sam Houston Pkwy N S Houston TX 77015	81-3212874	501(c)(5)	5,000				GOTV
(10)	Northside Ministerial Allia 120 Roberson St Kalamazoo MI 49007	38-3493569	501(c)(3)	9,500				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NSA Education Network 7300 City Ave Ste 310 Philadelphia PA 19141	47-1870773	501(c)(3)	6,500				GOTV
(2)	Ohio Coalition on Black Civ 935 Parkside Blvd. Toledo OH 43607	84-1943322	501(c)(3)	171,000				GOTV
(3)	Oman Court 132 932 Garland St Flint MI 48503	23-7532254	501(c)(3)	8,000				GOTV
(4)	Omega Psi Phi Fraternity			5,000				GOTV
(5)	One Goal 4539 Gull Prairie Pl Apt 2A Kalamazoo MI 49048	36-6808380		29,500				General Operating
(6)	Open Buffalo Inc 1327 Jefferson Ave Upper Buffalo NY 14208	47-5317696	501(c)(3)	25,000				General Operating
(7)	Operation Fix Florida 3643 Clyde Dr Jacksonville FL 32208			12,000				GOTV
(8)	Our Fathers House of Faith 518 South Third St Lufkin TX 75901	26-2833353	501(c)(3)	19,000				GOTV
(9)	Our Vote is Our Voice PO Box 3720 Dallas TX 75208	20-0050370	501(c)(3)	12,500				GOTV
(10)	OverComers in the Name of C 2029 N Sorrento Hills Rd Saint Augustine FL 32092	88-2777537		11,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	P.O.W.E.R.-Providing Opport 2801 Richmond Rd Ste 205 Texarkana TX 75503	87-4676245	501(c)(3)	20,000				GOTV
(2)	Pasquotank National Assoc f PO Box 211 Elizabeth City NC 27909	91-2188138	501(c)(3)	26,000				GOTV
(3)	Passion Project Initiatives 206 Woodbrook Way Moncks Corner SC 29461	85-1719633	501(c)(3)	10,000				GOTV
(4)	Patterson Community Org 228 CR 181 Okolona MS 38860	83-2680712		12,200				GOTV
(5)	PC Enterprises LLC 3650 Rue Foret 173 Flint MI 48532	85-2974591		34,700				GOTV
(6)	People's Advocacy Group Inc			5,000				General
(7)	Performing Arts and Science 320 N Main St Marion SC 29571	30-0628751	501(c)(3)	5,000				GOTV
(8)	Phi Kappa Kappa Chapter of PO Box 90215 Atlanta GA 30364	58-2437683	501(c)(7)	15,000				GOTV
(9)	Philadelphia Legacy Develop 207 N 50th St Philadelphia PA 19139	81-2635327		8,300				GOTV
(10)	Philly Under One 5432 Sylvester St Philadelphia PA 19124	87-4584021		10,000				Environmental Justice

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Pipeline II Possibilities</b> 1420 Brady St Jacksonville FL 32209	86-3280388		28,000				GOTV
(2)	<b>Pittsburg CBTU</b> 432 Patriot Dr Carnegie PA 15106	87-2767902		15,700				GOTV
(3)	<b>Pivot Family Foundation Inc</b> PO BOX 72148 Albany GA 31708	83-0589115	501(c)(3)	10,000				General
(4)	<b>Poise Foundation</b> Two Gateway Center 603 Stan Pittsburgh PA 15222	25-1393426	501(c)(3)	10,000				General
(5)	<b>Power of Community</b> 407 W Fearing St Elizabeth City NC 27909	87-1156944	501(c)(3)	22,000				GOTV
(6)	<b>Power to the Polls</b> 3905 N Farwell Ave Milwaukee WI 53211	87-4630043	501(c)(4)	20,000				General
(7)	<b>Powercircle Mentors</b> 4330 Franford Ave Philadelphia PA 19124	82-0655743	501(c)(3)	10,000				GOTV
(8)	<b>Prime Babytime Consulting L</b> 127 Crystal Ridge Circle Byron GA 31008	83-4064430		15,000				GOTV
(9)	<b>Priorities, Intentions, Pra</b> 9050 Youree Dr Unit 1101 Shreveport LA 71115	85-2888209	501(c)(3)	10,000				GOTV
(10)	<b>Project Matters</b> 1716 Nevada St Pittsburgh PA 15218	45-5398705	501(c)(3)	13,500				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Protective Forces Inc</b> 110 Chapman St Buena Vista GA 31803	83-4608990	501(c)(3)	7,150				GOTV
(2)	<b>Psi Omega Chapter of OPPF I</b> 502 Laney Walker Blvd Augusta GA 30909	26-3506618	501(c)(3)	5,100				GOTV
(3)	<b>QC Performing Arts Inc</b> 309 Carter Rd Sylvester GA 31791	82-0746017	501(c)(3)	15,850				GOTV
(4)	<b>QCDO Inc</b> P O Box 386 Marks MS 38646	06-4062966	501(c)(3)	10,000				BVM/LibGen Solidarity Economy
(5)	<b>RA Creations</b> 403 Thurgood Ave Benton Harbor MI 49022			6,500				General
(6)	<b>Radical Registrars</b> 511 Windbreak Ct San Antonio TX 78258	86-2386316	501(c)(3)	5,000				General
(7)	<b>Rainbow Push Coalition</b> 930 East 50th Street Chicago IL 60615			25,000				General
(8)	<b>Raise UP</b> 3626 SW 28th Terrace Apt C Gainesville FL 32608	87-4104732		14,500				GOTV
(9)	<b>Rayz of Hope</b> 688 110th Ave NE Apt S5206 Bellevue WA 98004	87-4031589	501(c)(3)	5,000				GOTV
(10)	<b>Real Vikings Vote</b> 1704 Weeksville Road Elizabeth City NC 27909	56-1047680		25,000				Campus Investment Fund/ Take

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Registration Nation</b> PO Box 22611 Philadelphia PA 19110	87-3891341	501(c)(3)	15,000				GOTV
(2)	<b>Renewed Promise Project</b> 7257 NW 4th Blvd Ste 304 Gainesville FL 32607	88-0648775		5,500				General
(3)	<b>Respect the Haven</b> 4016 Hartz Dr Memphis TN 38116	87-2644714	501(c)(3)	5,500				GOTV
(4)	<b>Restoration of Truth Minist</b> 5618-2 Timuquana Ste 2 Jacksonville FL 32210	45-5320624	501(c)(3)	5,000				General
(5)	<b>Revitalization Governance</b> 900 N Wheeler Ave Douglas GA 31533	87-3010718	501(c)(3)	5,000				GOTV
(6)	<b>Rho Delta Zeta of Zeta Phi</b> PO 971572 Ypsilanti MI 48198	52-2171995	501(c)(7)	10,900				GOTV
(7)	<b>Rho Xi Lambda Foundation</b> PO Box 652 Canton MS 39046	45-4907466	501(c)(3)	6,000				General
(8)	<b>Rise St James</b> PO Box 27 Vacherie LA 70090			10,000				Environmental Justice
(9)	<b>Robertson Banking Company</b>			5,000				General
(10)	<b>Rockdale County Branch NAAC</b> PO Box 775 Conyers GA 30012	20-2636813	501(c)(3)	5,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Rural Mutual Aid 6105 Mantalcino Dr Round Rock TX 78665	87-2674995	501(c)(3)	10,000				GOTV
(2)S A F E to Thrive 1003 Pineview Dr Valdosta GA 31602	85-3137278		5,000				GOTV
(3)San Antonio Comm Radio Inc 8100 Roughrider Ste 202 San Antonio TX 78239	26-0245317	501(c)(3)	6,000				GOTV
(4)Sapps Comm Center Inc 3136 M L King Rd Aliceville AL 35442	42-1686519	501(c)(3)	5,000				GOTV
(5)Sarah's Touch 112 Western Circle Greenwood MS 38930	47-3720720	501(c)(3)	7,000				GOTV
(6)Savannah Alumnae Chapter DS 100 Hampstead Avenue Savannah GA 31405	58-6073967		36,350				General
(7)Sawari Media 28529 Red Leaf Ln Southfield MI 48076	84-3959616		5,500				GOTV
(8)See It Through Foundation PO Box 490488 Lawrenceville GA 30049	46-1670354	501(c)(3)	10,000				General
(9)Selma Center for Nonviolenc 1 Union St Selma AL 36701-1290	47-3461578	501(c)(3)	10,000				General
(10)Serenity Comm Outreach Cent 4404 Mall Blvd Union City GA 30291	81-3754794	501(c)(3)	5,000				General Operating

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Serving From the Heart Mini 69 South 9th St Lakeland GA 31635	87-1003360	501(c)(3)	12,150				GOTV
(2)	SGC Community Impact & Empo 6424 Bradley Park Dr Ste 10 Columbus GA 31904	87-1150267	501(c)(3)	32,000				GOTV
(3)	Sheyann Webb Christburg Fou 600 S Court St. Montgomery AL 36104	85-2831156	501(c)(3)	20,000				General
(4)	Shoot Basketballs NOT Peopl 6572 Limekiln Pike Philadelphia PA 19138	46-1767733	501(c)(3)	10,000				Environmental Justice
(5)	Silent Women Speaking 7777 Normandy Blvd Apt 215 Jacksonville FL 32221	88-2065996	501(c)(3)	10,000				GOTV
(6)	Sistatalkphl 100 W Baltimore Ave Lansdowne PA 19050	86-1788168	501(c)(3)	8,500				GOTV
(7)	Sisterhood Extravaganza Fou 6635 W Happy Valley Rd Ste Glendale AZ 85310	47-3138581	501(c)(3)	18,000				GOTV
(8)	Sisters in Service of South 323 West Church St Americus GA 31709	86-2913112	501(c)(3)	37,300				GOTV
(9)	Siteside Development LLC			5,625				General
(10)	Sixth District Omega Psi Ph			5,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Skinny Foundation</b> 5322 Kingsberry St 67 Columbus GA 31907	81-5063674	501(c)(3)	30,000				GOTV
(2)	<b>Social Change</b> 766 Brookline St NE Atlanta GA 30310	90-0782008	501(c)(3)	10,000				GOTV
(3)	<b>Social Justice Learning Ins</b> 13201 Northwest Freeway Houston TX 77040	26-3413373	501(c)(3)	10,000				General
(4)	<b>Social Justice Solutions</b> 766 Brookline St NE Atlanta GA 30310	90-0782008	501(c)(3)	10,000				GOTV
(5)	<b>Somos Tejas</b> 3662 W Camp Wisdom Rd 2204 Dallas TX 75237	85-1742749	501(c)(4)	20,000				GOTV
(6)	<b>Sophia's Paraiso</b>			8,850				General
(7)	<b>Soul Food CDC Unity in the</b> 2341 Wharton St Philadelphia PA 19146	04-3789595	501(c)(3)	21,000				GOTV
(8)	<b>South Carolina Chapter of P</b> 210 W Stone Ave Ste LR3 Greenville SC 29609	83-3131344	501(C)(3)	15,000				GOTV
(9)	<b>South Georgia Voters League</b> 328 South Hampton St Americus GA 31709	83-1120595	501(c)(3)	10,000				GOTV
(10)	<b>Souther Rural Black Women/M</b> PO Box 11437 Jackson MS 39283	82-3532800	501(c)(3)	15,000				General and GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Southern Univ Chapter of NA 801 Harding Blvd Baton Rouge LA 70807	36-4910274	501(c)(3)	11,700				GOTV
(2)	Southern Youth Leadership D 513 S Jackson St Montgomery AL 36104	03-0572855	501(c)(3)	16,250				GOTV
(3)	Southwest Georgia Think Tan 100 S, Jefferson apt, 7 Albany GA 31701	87-2829969		43,150				Environmental Justice
(4)	Spalding/Urban Outreach Ass 815 Eagle Drive Griffin GA 30223	81-3433129	501(c)(3)	31,000				GOTV
(5)	Speakingforthespeechless.or 210 Chancery Drive Goldsboro NC 27530	85-2872451	501(c)(3)	16,000				GOTV
(6)	Special Years Plus 2710 Prospect Ln Selma AL 36702	43-2085566	501(c)(3)	5,000				GOTV
(7)	SRBWI dba G&H Heritage 614 Taylor Circle Douglas GA 31533	87-1187004		14,500				GOTV
(8)	Step Up Louisiana 2022 St Bernard Ave Ste 124 New Orleans LA 70116	85-1061102	501(c)(3)	20,000				GOTV
(9)	Strategic Training Solution 1466 Longfellow St Detroit MI 48206	46-4124057		11,000				GOTV
(10)	Sumter District AME Church 53 W Rigby St Manning SC 29102			5,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Sun Wellness Resource Cente 317 Madeline Ave. Lafayette LA 70501	88-3722101		10,000				Covid Mutual Aid/Emergency Relief
(2)	Sunvestka 3419 NW EVANGELINE THRUWAY, Carencro LA 70520	83-3643389		7,500				General
(3)	Susan G Cooper Community Im 6424 Bradley Park Dr Ste 10 Columbus GA 31904	87-1150267	501(c)(3)	24,500				GOTV
(4)	T&T Lawn Care LLC 3105 S MLK 137 Lansing MI 48910	37-0786285		5,000				GOTV
(5)	T.R. Hoover CDC 5106 Bexar St Dallas TX 75215	75-2700136	501(c)(3)	10,000				GOTV
(6)	Take Action Mon Valley 3509 Mayfair St McKeesport PA 15132	85-0529750	501(c)(3)	7,000				GOTV
(7)	Tarrant4Change PO Box 123766 Fort Worth TX 76121	88-1932677	501(c)(4)	20,000				General
(8)	Team G.R.O.W. Inc 2407 Wylie Ave Pittsburgh PA 15218	61-1926455	501(c)(3)	18,300				GOTV
(9)	Terrance Wynn			7,500				General
(10)	Texas American Federation o 912 S Hwy 183 Ste 100-A Austin TX 78741	74-1771404	501(c)(5)	10,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	The Apologues 326 Cross St Philadelphia PA 19147	85-1448573		5,000				GOTV
(2)	The Aviation Village			5,149				General
(3)	The Center for Teen Empower 384 Warren St 3rd Fl Roxbury MA 02119	04-3257840	501(c)(3)	10,000				GOTV
(4)	The Charity Foundation 1544 East Montague North Charleston SC 29405	57-1111199	501(c)(3)	5,000				GOTV
(5)	The Charleston Activist Net 140 Ivy Green Way Charleston SC 29414	87-3948843		10,000				BVM/LibGen Solidarity Economy
(6)	The Civil Pretty Service Gr 183 Patterson Heights Shellman GA 39886		501(c)(4)	22,150				General
(7)	The ECO Foundation 5411 Market St Philadelphia PA 19139	82-4746672	501(c)(3)	7,500				GOTV
(8)	The Entity Enterprise 206 Wilson St Williamston NC 27892	87-0894434	501(c)(3)	9,200				GOTV
(9)	The First Coast Leadership 2049 North Pearl St Jacksonville FL 32206	59-3694394	501(c)(3)	5,000				GOTV
(10)	The Gail F Gardner Social J 1028 Crestwood Commons Ave Ocoee FL 34761	88-3490003	501(c)(3)	10,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	The Good Deed Corps 306 W Peter Street Edinburg TX 78541	85-4154233	501(c)(3)	13,000				GOTV
(2)	The Jeremiah Group 604 Phyllis Dr Westwego LA 70094			10,000				GOTV
(3)	The Mancave Barbershop & LL 826 A Phillip Randolph Blvd Jacksonville FL 32209	74-3146017		7,000				GOTV
(4)	The Mass Civic Education Fu 6 Percival St Dorchester Center MA 02124	83-2263934	501(c)(3)	46,000				GOTV
(5)	The Newberry Institute 87 Commerce St Hawkinsville GA 31036	46-5300881	501(c)(3)	5,000				GOTV
(6)	The PENNFranchise Project 631 N 12th St, Philadelphia Philadelphia PA 19118	88-0815349	501(c)(4)	40,000				General
(7)	The Peoples Promise Youth D 9005 Walker Rd Apt 1204 Shreveport LA 71118-2483	88-1664172	501(c)(3)	17,500				General
(8)	The Primary Movement 650 Georgetown Ct Jonesboro GA 30236	85-1927019		10,000				GOTV
(9)	The PROACTIVE Project Inc 1333 Brookview Dr. NE Grand Rapids MI 49505	85-0769848	501(c)(3)	15,800				General
(10)	The Purpose Center 2200 N State St Bunnell FL 32110	27-4299209	501(c)(3)	17,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	The Purpose Fellowship LLC 5028 Plymouth Ste 2 Jacksonville FL 32205	85-4397665		10,000				GOTV
(2)	The Rebuilding a Village Fo 1650 Market St Philadelphia PA 19103	83-3858204	501(c)(3)	10,000				General
(3)	The Royal Blueprint LLC P. O. Box 2191 Perry GA 31069	87-4768037		6,000				General
(4)	The Save Children Movement 2201 Caronia Street Charlotte NC 28208	47-1388661	501(c)(3)	20,000				GOTV
(5)	The Transformative Justice 1816 12th Street, NW, Suite Washington DC 20009	47-4418013	501(c)(3)	40,000				GOTV
(6)	The WC Chance East Schools PO Box 712 Robersonville NC 27871	52-1516565	501(c)(3)	20,800				GOTV
(7)	The Auset's Foundation Inc 1626 Old Hickory Tr Desoto TX 75115	85-3729769	501(c)(3)	5,000				GOTV
(8)	Together We Weather Inc 3220 Tallship Ln Pensacola FL 32526	83-1758872	501(c)(3)	16,000				GOTV
(9)	Torchlight Academy Inc 870 Maynard Street Macon GA 31217	58-2516409	501(c)(3)	5,000				General
(10)	Transforming Georgia 7593 Poplar Falls St Lithonia GA 30058	88-1899060	501(c)(4)	100,000				General

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Transgender Awareness Proje 1325 Easter St Jacksonville FL 32211	85-3086193	501(c)(3)	17,100				GOTV
(2)	Trash 2 Treasure Inc 900 N Carlisle St Philadelphia PA 19130	86-3437774	501(c)(3)	12,000				GOTV
(3)	Triumph Youth and Adult Com 721 Beacon Dr Fairfield AL 35064	20-2186731	501(c)(3)	22,000				GOTV
(4)	Trust Factor Organization 1500 Chestnut St Ste 2 Philadelphia PA 19102	88-2319960		17,500				GOTV
(5)	Tuskegee University 1200 West Montgomery Rd Tuskegee Institute AL 36088		501(c)(3)	5,000				Campus Investment
(6)	Tycho Wave 5951 Cooper Beech Blvd Apt Kalamazoo MI 49009	85-3954435		9,100				GOTV
(7)	TZB Trailblazing LLC 1115 West Broad CT Ste A Savannah GA 31415	84-2874462		36,250				GOTV
(8)	UFW Foundation PO Box 23400 Los Angeles CA 90023	95-2703575	501(c)(3)	10,000				GOTV
(9)	United Ballot 113 Alfred St Lafayette LA 70501	43-6635402		10,000				GOTV
(10)	Unity Group Chattanooga Po Box 5441 Chattanooga TN 37406	81-1515991	501(c)(3)	8,000				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Unity in the Family Ministr 615, North W Street Pensacola FL 32505	20-1560694	501(c)(3)	5,000				General
(2)	The Tides Foundation Po Box 29903 San Francisco CA 94139	51-0198509	501(c)(3)	300,000				General
(3)	Uplift Strategies 232 Windy Circle McDonough GA 30253	85-4396664		5,000				GOTV
(4)	Urban Arts Collective 807 Hutchins Rd Dallas TX 75203	88-3329587	501(c)(3)	6,200				General
(5)	Urban League of Greater Col 802 1st Ave Columbus GA 31901	58-1123741	501(c)(3)	5,000				GOTV
(6)	Vanguards Ministry 902 Brookhollow Ct Apt 2E Flint MI 48503	86-1343810	501(c)(3)	13,100				GOTV
(7)	VCII/The Network Coalition 9934 Alpha Dr Baton Rouge LA 70895	72-1191361		7,500				GOTV
(8)	Vermillion Parish NAACP 627 Po Box 1037 Abbeville LA 70511	74-3154643	501(c)(4)	5,300				GOTV
(9)	Vibin SelfieRoom 1428 Cobb Ave Kalamazoo MI 49007	87-1457312		8,000				General
(10)	Victory Global Academy 1051 Mason Avenue Daytona Beach FL 32117	82-4544859	501(c)(3)	7,500				COVID Mutual Aid/Emergency Relief

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Vision Ministries</b> 15114 NW 134th Terrace Alachua FL 32615	32-0631643	501(c)(3)	14,200				GOTV
(2)	<b>Vision of Hope Coaching and</b> 1003 Pineview Dr Valdosta GA 31602	85-3137278		10,150				GOTV
(3)	<b>VoteRiders</b> 171 Pier Ave Ste 313 Santa Monica CA 90405	45-5081831	501(C)(3)	10,000				GOTV
(4)	<b>Voting Access for All Coali</b> PO Box 3151 Grand Rapids MI 49505	84-3959616		5,100				GOTV
(5)	<b>Wake County Southern Christ</b>			7,500				General
(6)	<b>Ware Consulting Services LL</b> Po Box 51581 Albany GA 31703	81-2468024		5,000				GOTV
(7)	<b>Ware Health Care Services I</b> 1702 E Broad Ave Albany GA 31705	85-3086193	501(c)(3)	10,700				GOTV
(8)	<b>We the People-Youth Leaders</b> 572 John Ross Parkway Ste 1 Rock Hill SC 29730			5,000				GOTV
(9)	<b>West End P.O.W.E.R.</b> 1015 Tweed St Pittsburgh PA 15204	82-0727408	501(c)(3)	5,000				GOTV
(10)	<b>When You Vote I Win</b> 25200 Stony Croft Southfield MI 48033			7,500				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Wilberforce Univ Alumni Ass PO Box 7833 Philadelphia PA 19101	85-3740778	501(C)(3)	5,500				GOTV
(2)	Winston Salem District 53 W Rigby St Manning SC 29102	15-7888892		8,200				GOTV
(3)	Winston County Self Help Co 3450 ShannonDale Dr Jackson MS 39212	81-1396515	501(c)(3)	10,000				GOTV
(4)	Women at the Well-WATW Inc 215 Cross Creek Dr Raeford NC 28376	88-1778911	501(C)(3)	15,000				COVID Mutual Aid
(5)	Workers Center for Racial J 2243 E 71st St Chicago IL 60649	45-4461270	501(c)(3)	25,000				GOTV
(6)	Woven Communities Inc 2029 N Sorrento Hills Rd Saint Augustine FL 32092	88-2777537	501(c)(3)	10,000				GOTV
(7)	Young Professionals of Colo 315 S Front St Harrisburg PA 17104	82-3826787	501(c)(3)	7,500				GOTV
(8)	YourBrainCodingLLC 1712 Marbury Ln Albany GA 31707	85-3322923		10,650				GOTV
(9)	Youth Empowered for Success 465 Dexter Ave Mobile AL 36604	63-1285189	501(c)(3)	37,000				GOTV
(10)	Yungest in Charge 2023 Mifflin St Philadelphia PA 19141	81-4946623		10,700				GOTV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Zero Covid SC 12 ARBOR VISTA CT Columbia SC 29229	45-2547837		5,000				COVID Mutual Relief
(2)	Orchard Bloom			50,000				General
(3)	The Black Man Lab Foundatio 4163C Flat Shoals Parkway S Decatur GA 30034	84-4788993	501(c)(3)	15,000				General
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LaTosha Brown Chief Doer	(i)	230,291	0	0	0	0	230,291	0
	(ii)	55,073	0	0	0	0	55,073	0
2 Clifford Albright Executive Director	(i)	236,849	0	0	0	0	236,849	0
	(ii)	55,156	0	0	0	0	55,156	0
3 April Albright National Legal Director	(i)	124,000	0	0	0	0	124,000	0
	(ii)	31,000	0	0	0	0	31,000	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2022**

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

The Executive Director and the National Legal Director are married.

**02. Governing body decisions (Part VI, line 7b)**

The officers and board members are the decision makes. There are 3 board members and 3 officers.

**03. Governing body meeting documentation (Part VI, line 8a)**

Officers and Board make decisions. Meeting notes are maintained.

**04. Committee meeting documentation (Part VI, line 8b)**

Currently there are no separate committees to which the board or officers have delegated any responsibilities.

**05. Form 990 governing body review (Part VI, line 11)**

Prior to the return being filed, the officers have reviewed form 990.

**06. Conflict of interest policy compliance (Part VI, line 12c)**

The organization maintains a Conflict of Interest policy that officers, board members and employees must sign.

**07. CEO, executive director, top management comp (Part VI, line 15a)**

An outside organization is used to research compensation for top management officials.

**08. Other officer or key employee compensation (Part VI, line 15b)**

An outside organization is used to research compensation for officers and key employees.

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

Schedule O (Form 990) 2022



Name of the organization

**BVM Capacity Building Institute Inc**

Employer identification number

**82-3835203**

**09. Governing documents, etc, available to public (Part VI, line 19)**

No documents are available to the public.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

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

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **BVM Capacity Building Institute Inc** EIN or SSN **82-3835203**

Name and title of officer or person subject to tax **Clifford Albright, Executive Director**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

**PIN: check one box only**

I authorize Credible Accounting Solutio to enter my PIN 30344 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 10-18-2023

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

585891 30039

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11-17-2023

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

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

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**BVM Capacity Building Institute Inc**

**82-3835203**

Name and title of officer or person subject to tax

**Clifford Albright, Executive Director**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>21,444,746</u>
<b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5). . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c). . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1). . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19). . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Credible Accounting Solutio to enter my PIN 30344 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 10-18-2023

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

585891 30039

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 11-17-2023

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

990

**Overflow Statement**

2022

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

BVM Capacity Building Institute Inc

82-3835203

<b>Description</b>	<b>Amount</b>
Management	\$ 126,758
Consulting	1,500
Independent Contractor	21,900
Videography	360,000
Event Planner	9,295
Graphic Design	7,200
<b>Total:</b>	<b>\$ 526,653</b>

<b>Description</b>	<b>Amount</b>
Security	\$ 85,083
Communications	503,824
<b>Total:</b>	<b>\$ 588,907</b>

<b>Description</b>	<b>Amount</b>
Bus Wrap	\$ 44,469
Advertising	969,678
<b>Total:</b>	<b>\$ 1,014,147</b>

<b>Description</b>	<b>Amount</b>
Dues and Subscriptions	\$ 286
Miscellaneous	2,511
Moving Expenses	5,465
Office Supplies and Software	79,746
Postage and Shipping	134,184
Printing and Copying	864,896
Program Supplies	184,471
<b>Total:</b>	<b>\$ 1,271,559</b>

990

**Overflow Statement**

2022

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

BVM Capacity Building Institute Inc

82-3835203

<b>Description</b>	<b>Amount</b>
Bank Charges	\$ 6,609
Dues and Subscriptions	5,442
Membership	1,094
Miscellaneous	363
Moving Expense	13,564
Office Supplies and Software	204,756
Payroll Processing Fees	1,030
Postage and Shipping	27,846
Printing and Copying	8,963
Taxes and Licenses	12
Telephone	119,106
<b>Total:</b>	<b>\$ 388,785</b>

<b>Description</b>	<b>Amount</b>
Office Supplies	\$ 5,946
<b>Total:</b>	<b>\$ 5,946</b>

<b>Description</b>	<b>Amount</b>
Rent and Lease Expense	\$ 6,050
<b>Total:</b>	<b>\$ 6,050</b>

<b>Description</b>	<b>Amount</b>
Rent and Lease Expense	\$ 25,801
Utilities	5,976
<b>Total:</b>	<b>\$ 31,777</b>

<b>Description</b>	<b>Amount</b>
Merchandise	\$ 17,655
<b>Total:</b>	<b>\$ 17,655</b>

990

**Overflow Statement**

2022

Page 3

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

BVM Capacity Building Institute Inc

82-3835203

<u>Description</u>	<u>Amount</u>
Repairs and Maintenance	\$ 3,167
<b>Total:</b>	<b>\$ <u>3,167</u></b>

<u>Description</u>	<u>Amount</u>
Repairs and Maintenance	\$ 4,192
<b>Total:</b>	<b>\$ <u>4,192</u></b>