Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

2023 Open to Public Inspection

OMB No. 1545-0047

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

For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Musana Community Development Check if applicable: Organization Address change 26-4198446 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8100 E Arapahoe Road, Suite 305 303-955-0380 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Centennial CO 80112 **G** Gross receipts\$ 4,449,973 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Leigh Dunn H(b) Are all subordinates included? 8100 E Arapahoe Road, Suite 305 If "No," attach a list. See instructions Centennial CO 80112 **X** 501(c)(3) 501(c) Tax-exempt status: 4947(a)(1) or 527 www.musana.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 2009 Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ಶ 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 9 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 2,487,411 4,405,225 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -381 898 -205,976 -397,31811 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,281,054 4,008,805 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,452,940 2,310,388 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 507,454 618,196 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 327,806 492,896 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,421,480 3,288,200 -1,007,146 587,325 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 600,641 1,193,639 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 977,561 177,234 -376,920 1,016,405 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign Here Seth Gunderson Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid self-employed Ken Roth P01389203 Preparer Taylor Roth and Company 20-3746583 Firm's name Firm's EIN **Use Only** 800 Grant St Ste 205 303-830-8109 Denver, CO 80203-2944 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form 9	90 (2023) Musana Community Development	26-4198446	Page 2
Part	III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any	line in this Part III	X
1 B	riefly describe the organization's mission:		
	e Schedule O		
~ ~ .			
٠.	PIDIO INCAPA		
٠.		7.1	1/V
	d the organization undertake any significant program services during the year	which were not listed on the	
рі	ior Form 990 or 990-EZ?		Yes X No
lf	"Yes," describe these new services on Schedule O.		
3 D	d the organization cease conducting, or make significant changes in how it co	onducts, any program	
Se	ervices?		Yes X No
	"Yes," describe these changes on Schedule O.		
	escribe the organization's program service accomplishments for each of its the	roo largost program sorvicos, as mo	pagurad by
		= : =	
	openses. Section 501(c)(3) and 501(c)(4) organizations are required to report	the amount of grants and allocations	s to others,
th	e total expenses, and revenue, if any, for each program service reported.		
42 (0	code:) (Expenses \$ 1,146,909 including grants of\$	584 - 444) (Revenu	<u> </u>
an al re	ll-time work, educated 4,639 youth wit d had 36,408 patient visits at Musana so operates other income generating ac staurant, and merchandise production.	Community Health tivities like gue In 2023 NGO progra	Centers. Musana sthouses, a ams were 95%
se	lf-sustaining.		
٠.			
٠.			
an Co fu sc sc	DO is currently concentrating on replic district. In 2023, the follow instruction and furnishing the vocation rnishing a guesthouse, and minor expansional. In Kamuli, the following work washool building and dormitory at the nurnstruction and furnishing of a hospitatel.	ing work was done al high school, cosion projects at s done: constructions and primary	in Kaliro: onstruction and the primary ion of a nursery school,
) (Revenu	e \$)
N/	A		
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٠.			
٠.			
• •			
• •			
4d ∩	ther program services (Describe on Schedule O.)		
	expenses \$ including grants of\$) (Revenue \$	١
	otal program service expenses 2,872,853	, (πονοπαο ψ	/
TO 1	ALUIAIU		

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 2 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII. line 9a? X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. X

	Oncornist of required octicules (commune)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	17.		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	V		l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		- v
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in horicast contributions? If res, complete schedule in	29		
00	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	匚
Pa	art 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			
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7		Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 7 1b 0	-		
b b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	х	

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	rt 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 9			
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
_	and services provided to the payor?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	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	_		٠,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
11	Cross income from members or charabelders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
D				
12a	Section 4947(a)(1) non-exempt charitable trusts. 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	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С				
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
- •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, 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?	17		
	If "Yes," complete Form 6069.			

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art VI				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See	instr	uc
4!	Check if Schedule O contains a response or note to any line in this Part VI			
tion	A. Governing Body and Management	_	3.	_
F4-	r the number of voting members of the governing body at the end of the tax year		Yes	1
	ere are material differences in voting rights among members of the governing body, or			
	governing body delegated broad authority to an executive committee or similar			
	mittee, explain on Schedule O. r the number of voting members included on line 1a, above, who are independent 1b 9			
	The manner of reming members instance on the ray above, the are independent			
	any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
-	other officer, director, trustee, or key employee?	2	X	
	he organization delegate control over management duties customarily performed by or under the direct			١,
-	rvision of officers, directors, trustees, or key employees to a management company or other person?	3		
	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
	he organization become aware during the year of a significant diversion of the organization's assets?	5		-
	he organization have members or stockholders?	6		
	he organization have members, stockholders, or other persons who had the power to elect or appoint			
	or more members of the governing body?	7a		
	any governance decisions of the organization reserved to (or subject to approval by) members,	 .		
	cholders, or persons other than the governing body?	7b		
	he organization contemporaneously document the meetings held or written actions undertaken during the year by the follow		v	
	governing body?	8a	X	
	committee with authority to act on behalf of the governing body?	8b	X	
	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	odo l	
Cuon	B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie C		_
الم الم	he agreemention have level shorters broughed or offiliates?	100	Yes	
	he organization have local chapters, branches, or affiliates?	10a		
	es," did the organization have written policies and procedures governing the activities of such chapters,	406		
	ttes, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	bribe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
	he organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	х	
	ribe on Schedule O how this was done	12c	X	
	he organization have a written whistleblower policy?	13	X	
	he organization have a written document retention and destruction policy?	14		
	he process for determining compensation of the following persons include a review and approval by pendent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		150	х	
	r officers or key employees of the organization	15a		
	r officers or key employees of the organization es" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		-
	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		160		
Did t	a taxable entity during the year?	16a		
Did to	o " did the ergonization tellow a written neligy or procedure requiring the ergonization to evaluate its			
Did to with a	es," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Did to with a lf "Ye partic	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	461-		
Did to with a lif "Ye partico organ	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements?	16b		
Did to with a lif "Ye partico organ ction	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements? C. Disclosure	16b		
Did to with a lif "Ye partico organ ction List to with the wind of	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements? C. Disclosure the states with which a copy of this Form 990 is required to be filed None			_
Did to with a lif "Ye partico organ tion List to Section	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements? C. Disclosure The states with which a copy of this Form 900 is required to be filed None			

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.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Brad Fischer

DAA

8100 E Arapahoe Road, Suite 305

Centennial CO 80112 303-604-3798 Form **990** (2023)

Form 990 (2	2023) Musana (Community	Development	26-4198446		Page
Part VII	Compensation	of Officers, D	irectors, Trustees,	Key Employees, Highest	Compensated	Employees, and
	Independent C	ontractors			-	_
	Check if Schedu	lle O contains a	a response or note	to any line in this Part VII		
Section A.	Officers, Directors	, Trustees, Key E	mployees, and Highes	t 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 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 the instructions for the order in which to list the persons above.

Check this box if neither the or							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)	kod	k, unle	Pos heck ss pe	more rson i	than one s both an or/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Andrea Kazindra									
Executive Director	40.00			x			119,972	o	15,801
(2) Leigh Dunn	0.00			^			119,972	0	13,601
(2) LCIGII Daini	2.00								
President	0.00	x		x			0	0	0
(3) Tracy Pirnack	0000	 							
<u>-</u>	2.00								
Vice President	0.00	X		Х			0	0	0
(4) Seth Gunderson									
	2.00								
Treasurer	0.00	X		Х			0	0	0
(5)PJ Martin									
<u> </u>	1.00								•
Director	0.00	X					0	0	0
(6) Keith Kasten	1.00								
Director	0.00	x					0	0	0
(7) Kay Morrison	0.00	^					0	U	0
(/) Ray Hollison	1.00								
Director	0.00	x					0	0	0
(8) AJ Bourg	3.33	† 							
(3)-120 - 0 0 - 5	1.00								
Director	0.00	x					0	0	0
(9) John Sawyer									
-	1.00								
Director	0.00	X					0	0	0
(10)Justin Mihalcin									
<u></u>	1.00								•
Director	0.00	X	_				0	0	0
(11)Sarah Swearinge									
Director	1.00	x					0	o	0
	1 0.00	42	i	l	ı	1 I	ı	ı	U

	(A) Name and title	(B) Average hours per week	Average box, unless pers officer and a dil per week					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) timated of oth	er ation	
	Publ	(list any hours for related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from t ganization ted orga	n and	5
(12) (12)	2) Aaron Metz rector	1.00	x						0	0				0
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b c	Subtotal Total from continuation she								119,972			1	.5,8	01
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (i								119,972 oove) who received more to	than \$100.000 of		1	.5,8	01
	reportable compensation from												Yes	No
3	Did the organization list any temployee on line 1a? If "Yes									sated		3		х
4	For any individual listed on linguistration and related organization	ne 1a, is the su	m of	f rep	ortal	ole c	omp	ens	ation and other compensa					
5	individual											4		Х
	for services rendered to the	organization? If										5		X
<u>Sect</u>	complete this table for your	five highest con	npen	sate	d in	depe	ender	nt c	ontractors that received me	ore than \$100,000 of				
	compensation from the organ	(A) I business address	com	pens	satio	n fo	r the	cal		within the organization's (B) tion of services	tax yea		(C) mpensati	on
	name and	Dusiness address							Descripi	IIIII UI SEIVICES			препзац	UII
2	Total number of independent received more than \$100,000	contractors (inc	cludi on f	ng b rom	ut no	ot lir orga	nited nizat	to t	those listed above) who	0				

Check if Schedule O contains a response or note to any line in this Part VIII Total receive Plantagement and Plantagement (Check of Schedule Contains and Plantagement (Check of Schedule Check of Sched	Pa	rt V			f Revenue edule O cor	ntains	a resp	onse or no	te to anv line ir	n this Part VIII		
Total Add lines 1a-11			-				<u> </u>		(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
20	w			b			10	on	o oti	\circ	Cor	sections 512-514
20	ir g	1a	Federated camp	paigns		1a						
20	윤절	b				1b						'
20	Ąʻż.	С	Fundraising eve			1c	1,	517,473			_	
20	흹	d				1d						
20	Si'n	е	Government grants (c	ontributio	ons)	1e						
20	e ë	f				15	2	887 752				
20	혈된	g						0077732				
20	E E											
2a b	<u>ā</u> Č	<u>h</u>	Total. Add lines	1a–1	f				4,405,225			
Fall other program service revenue	a)	2-						Business Code				
Fall other program service revenue	Š	_										
Fall other program service revenue	Ser	b										
Fall other program service revenue	an Ker	4										
Fall other program service revenue	P P	u _										
	ᇫ	f										
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less rental expenses 6b C c Rental inc or (tess) 6c C d Net rental income or (loss) 7a Circs amount from saled a dates to the than investory 7b Less cost or other basis and sales opp. 7b Less income from Inutralising events (not including \$ 1,517,473 of contributions reported on line 1c). See Part IV, line 18 8 a Less direct expenses 8 b Less: direct expenses 9 b Less: direct expenses 10a Gross sales of inventory, less returns and allowances 10b Less: cost of goods sold 10b 25,707 11a Miscellaneous revenue 898 898 898 898 898 898 898 8			· -									
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less rettal expense 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other han inventory takes and sales ways. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundralsing events (not including \$ 1,517,473 of contributions reported on line 1c). See Part IV, line 19 9a Gross sales of inventory, less or Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Miscellaneous revenue 11a Miscellaneous revenue 11a Miscellaneous revenue 11a Miscellaneous revenue 15d All other revenue												
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Second Companies Compani		4				npt bor	nd procee	eds				
Ga Gross rents Da Less: rental expenses Ga Carlot Color Carlot		5										
b Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) original sales of assets of the rental income or (loss) original sales of assets of the rental income or (loss) Ta original sales of assets of the rental income or (loss) Ta original sales of the rental income or (loss) Ta original sales of the rental income or (loss) Ta original sales of the rental sales of inventory. It is original sales original sales or inventory. It is original sales o					(i) Real		(ii)	Personal				
C Rental inc. or (loss) Gc		6a	Gross rents	6a								
d Net rental income or (loss) Sales of assets other than inventory assets and sales exps. I Net gain or (loss) A Net gain or (los		b	Less: rental expenses	6b								
Ta Gross amount from saids of assets other than inventory b Less cost or other than inventory to Less cost or other than inventors t		С	Rental inc. or (loss)	6c								
sales of assels other than inventory be best cost or other basis and sales exps. 7a b Less: cost or other basis and sales exps. 7b c Gain or (loss) 8a Gross income from fundraising events (not including \$ 1,517,473 of contributions reported on line 1c). See Part IV, line 18 8 b Less: direct expenses 8 b 415,461 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a Miscellaneous revenue 8 Business Code 900099 11a Miscellaneous revenue e Total. Add lines 11a–11d 10 Gross 11a–11d				ne or ((loss)							
b Less: cost or other basis and sales exps. C Gain or (loss) Raa Gross income from fundraising events (not including \$ 1,517,473 or contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses		<i>i</i> a			(i) Securities	5	(ii)) Other				
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returns and allowances b Less: cost of goods sold 10b 25,707 c Net income or (loss) from sales of inventory 18,042 18,042 11a Miscellaneous revenue 900099 101 101		С	Net income or (loss) f	rom gaming ad	tivities						
b Less: cost of goods sold		10a			-							
C Net income or (loss) from sales of inventory 18,042 18,042						10a						
Business Code								1	10.040	10.040		
11a Miscellaneous revenue 900099 101 101	\dashv		Net income or (I	ioss) f	rom sales of in	ventor	у		18,042	18,042		
e Total. Add lines 11a–11d	snc	44-	16						101	101		
e Total. Add lines 11a–11d	ne Jue	11a	*					300039	101	101		
e Total. Add lines 11a–11d	ella	a										
e Total. Add lines 11a–11d	lisc Re	q										
	2								101			
										18,143	0	-414,563

	ion 501(c)(2) and 501(c)(4) organizations must	•	Il other erganizations mu	et complete column (A)	
sect	ion 501(c)(3) and 501(c)(4) organizations musi Check if Schedule O contains a res			si complete column (A).	
	not include amounts reported on lines 6b, 7 Db, and 10b of Part VIII.	·	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	INSPE	expenses	general expenses	expenses
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	2,310,388	2,310,388		
4	Benefits paid to or for members	2,310,300	2,310,300		
5	Compensation of current officers, directors,				
•	trustees, and key employees	135,773	66,903	28,749	40,121
6	Compensation not included above to disqualified	200,110	00,700	20,715	10,121
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	398,961	181,960	90,107	126,894
8	Pension plan accruals and contributions (include	· • · · · ·	,	,	
	section 401(k) and 403(b) employer contributions)	15,574	12,021	1,623	1,930
9	Other employee benefits	27,617	21,318	2,877	1,930 3,422 4,986
10	Payroll taxes	40,271	31,087	4,198	4,986
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line	7			
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.)	94,769	37,430	50,795	6,544
12	Advertising and promotion	46,921		43,720	3,201
13	Office expenses	23,845	2,384	20,865	596
14	Information technology	25,285		25,285	
15	Royalties	22 400		22 400	
16	Occupancy	32,409	202 200	32,409	
17	Travel	205,641	202,299	3,342	
18	Payments of travel or entertainment expense for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,136		4,136	
20	Interest	73		73	
21	Payments to affiliates	,			
22	Depreciation, depletion, and amortization	4,894		4,894	
23	Insurance	11,045	6,845	2,895	1,305
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.)	22 504		22 504	
a b	UK Expense Donor development	32,584 8,201		32,584	8,201
	All other	1,855	218	1,290	347
c d	Professional development	1,238	210	1,238	<u> </u>
u e	All other expenses	1,230		1,230	
25	Total functional expenses. Add lines 1 through 24e	3,421,480	2,872,853	351,080	197,547
26	Joint costs. Complete this line only if the	2,,	=, c. = , c. c.	202,000	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check her				
	following SOP 98-2 (ASC 958-720)				
DAA	, , , , , , , , , , , , , , , , , , , ,				Form 990 (2023)

Р	art 2		o to any liny	o in this Part Y			X
		Check if Schedule O contains a response or not	e to arry line	e III tilis Pait X	(A)		(B)
		Durla li a la a		1	Beginning of year		End of year
	1	Cash—non-interest-bearing			$\frac{71,907}{200,033}$		191,479
	2	Savings and temporary cash investments			280,932		787,698
	3	Pledges and grants receivable, net			07 011	3	77 909
	4	Accounts receivable, net			87,911	4	77,898
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantial				_	
		controlled entity or family member of any of these personant and other receivables from other disqualified personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of these personant controlled entity or family member of any of the entity of the entit				5	
	6	under section 4958(f)(1)), and persons described in s				6	
Assets	7					7	
As	8	· · · · · · · · · · · · · · · · · · ·			10,106	8	5,137
	9	Inventories for sale or use			52,529	9	64,071
	1	Land, buildings, and equipment: cost or other			52/525	9	01,071
	'04	basis. Complete Part VI of Schedule D	10a	37 - 630			
	l h	Less: accumulated depreciation	10b	13,413	26,934	10c	24,217
	11				20,751	11	
	12			·····		12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			70,322	15	43,139
	16	Total assets. Add lines 1 through 15 (must equal line	33)		600,641	16	1,193,639
	17	Accounts payable and accrued expenses			106,958	17	85,548
	18	Grants payable			-	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedul	le D		21	
S	22	Loans and other payables to any current or former off	icer, directo	or,			
ij		trustee, key employee, creator or founder, substantial					
Liabilities		controlled entity or family member of any of these personal	sons		800,000	22	
_	23	Secured mortgages and notes payable to unrelated the	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24	4). Complete	e Part X	- 0 400		01 101
		of Schedule D			70,603		91,686
	26	Total liabilities. Add lines 17 through 25			977,561	26	177,234
es		Organizations that follow FASB ASC 958, check he	ere 🔼				
anc		and complete lines 27, 28, 32, and 33.			AEC 711		100 101
Bala	27				-456,711 70,701	27	408,484
<u> </u>	28	Net assets with donor restrictions			79,791	28	607,921
Ē		Organizations that do not follow FASB ASC 958, c	neck nei	J			
ō	20	and complete lines 29 through 33.				20	
ets	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipments				29 30	
SS	31	Retained earnings, endowment, accumulated income,				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-376,920	32	1,016,405
ž		Total liabilities and net assets/fund balances					1,193,639
_	33	Total liabilities and net assets/fund balances			600,641	33	1,193

Form **990** (2023)

-orm	1 990 (2023) Musana Community Development 26-4198446				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	•	4,00	8,8	305
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,42	21,4	1 80
3	Revenue less expenses. Subtract line 2 from line 1	3		58	37,3	<u> 325</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-37	76,9	920
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		80	06,0	000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,01	.6,4	<u> 105</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					. Ш.
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
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			3h		1

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Musana Community Development 26-4198446 Organization

Pa	art l	Reas	on for Public Charity	/ Status. (All organizatio	ns mus	st comp	lete this part.) See insti	ructions.	
he	orga	anization is no	t a private foundation beca	use it is: (For lines 1 through 1	2, check	only one	box.)		
1		A church, co	onvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).		
2	П	A school des	scribed in section 170(b)(1	I)(A)(ii). (Attach Schedule E (F	orm 990)).)			
3	П			vice organization described in)(A)(iii).		
4	П	-		ed in conjunction with a hospit				the hospital's na	ame.
	Ш	city, and stat	•						,
5		•		t of a college or university own	ed or op	erated by	a governmental unit describe	ed in	
•	ш	=	D(b)(1)(A)(iv). (Complete Pa	=	ой о. ор	o. a. o a . o ,	a governmental arm account		
6				governmental unit described in	n sectio	n 170(b)	(1)(A)(v).		
	x	-		a substantial part of its support		` ,		oublic	
-			section 170(b)(1)(A)(vi).			,	miai aim ei nem me general		
8				170(b)(1)(A)(vi). (Complete P	art II.)				
9	П	-		escribed in section 170(b)(1)(erated in	conjunction with a land-grant	college	
	_	-	or a non-land-grant college	of agriculture (see instructions	s). Enter		-	_	
10	Ш	An organizat	tion that normally receives ((1) more than 33 1/3% of its su	upport fro	om contril	butions, membership fees, an	d gross	
				mpt functions, subject to certain					
			•	and unrelated business taxable		,	,	S	
11			•	30, 1975. See section 509(a) d exclusively to test for public s	• • •	•	•		
12	Н			d exclusively for the benefit of,				ournoses of	
12	Ш	J	•	ations described in section 50	•			•	
				lescribes the type of supporting					
	а		=	perated, supervised, or control	-			=	
		_		ower to regularly appoint or ele	-				
				complete Part IV, Sections A	-	•			
	b	Type II.	A supporting organization s	supervised or controlled in con-	nection v	vith its su	ipported organization(s), by h	aving	
				orting organization vested in th	e same	persons t	hat control or manage the su	pported	
				e Part IV, Sections A and C.					
	С			 supporting organization opera nstructions). You must complete 				ted with,	
	d			ed. A supporting organization of				nization(s)	
	u			he organization generally must					
				must complete Part IV, Secti					
	е	Check th	nis box if the organization re	eceived a written determination	from the	IRS that	it is a Type I, Type II, Type II	I	
		functiona	ılly integrated, ör Type III r	non-functionally integrated supp	orting or	rganizatio	n.	_	
	f	Enter the nu	mber of supported organiza	ations				L	
	g	Provide the	following information about	the supported organization(s).					
(i)		e of supported	(ii) EIN	(iii) Type of organization	` '	organization	(v) Amount of monetary	(vi) Amount	
	org	ganization		(described on lines 1-10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support instructions	
				above (see instructions))	Yes	No	ilistiuctions)	IIISII UCIIOIIS	,
/A\					163	140			
(A)									
(B)									
(D)									
<i>(</i> C)									
(C)									
(D)									
(D)									
(E)									
(-)									
ota	<u> </u>								

Musana Community Development 26-4198446

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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1112	hA	GUU		JUP	y
	include any "unusual grants.")	1,737,859	2,099,148	2,661,862	2,487,411	4,405,225	13,391,505
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,737,859	2,099,148	2,661,862	2,487,411	4,405,225	13,391,505
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
^	shown on line 11, column (f)						591,294
	Public support. Subtract line 5 from line 4.						12,800,211
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,737,859	2,099,148	2,661,862	2,487,411	4,405,225	13,391,505
8	Gross income from interest, dividends,	1,737,039	2,033,140	2,001,002	2,407,411	1,103,223	13,391,303
	payments received on securities loans, rents, royalties, and income from	485	180	-40	49	898	1,572
	similar sources	405	100	-40	17	030	1,372
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13,393,077
12	Gross receipts from related activities, etc.					12	103,177
13	First 5 years. If the Form 990 is for the	•	second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop he						
	tion C. Computation of Public S					T T	
14	Public support percentage for 2023 (line			lumn (f))			95.57 %
15 10-	Public support percentage from 2022 Sch						92.73%
16a	33 1/3% support test — 2023. If the org						₹
L	box and stop here. The organization qua	alliles as a publici	y supported orga	nization	line 15 in 22 1/20		X
b	33 1/3% support test — 2022. If the org this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 2						Ц
u	10% or more, and if the organization me	_					
	Part VI how the organization meets the f					•	
				-	-		
b	organization 10%-facts-and-circumstances test — 2	2022. If the organi	zation did not che	eck a box on line	16a. 16b. or 1	7a. and line	L
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets th				-	•	
	organization			-	-		
18	Private foundation. If the organization of	lid not check a box	c on line 13, 16a.	16b, 17a, or 17b	, check this box a	nd see	·····
	instructions						
							A (Form 000) 2022

Musana Community Development
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) To	tal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1112	DE	GUU		JUL	JŸ	
2	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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support						•	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) To	tal
9	Amounts from line 6	(4)	(-, -	(-, -	(-7 -	(2)		
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	•						
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	ere	· · · · · · · · · · · · · · · · · · ·	ourth, or fifth tax y		() ()		
sec	tion C. Computation of Public							
5	Public support percentage for 2023 (line						5	<u>%</u>
6	Public support percentage from 2022 Sc					10	6	<u>%</u>
sec	tion D. Computation of Investm							
7	Investment income percentage for 2023			e 13, column (f))		1	7	<u>%</u>
1 8 Ir	nvestment income percentage from 2022	Schedule A, Part	III, line 17			18	3	<u>%</u>
9a	33 1/3% support tests — 2023. If the o	rganization did no					ne	
	17 is not more than 33 1/3%, check this	box and stop her	e. The organizati	on qualifies as a	publicly supported	organization		
b	33 1/3% support tests — 2022. If the o	-						
	line 18 is not more than 33 1/3%, check	this box and stop	here. The organ	ization qualifies a	s a publicly suppo	orted organization	on	\sqcup
20	Private foundation. If the organization of	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see ins	structions		

Schedule A (Form 990) 2023

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
		y	
	1		
	2		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- F-		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
			_
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sche	dule A	(Form 9	90) 2023

Schedu	lie A (Form 990) 2023 Musana Community Development 26-419844	<u>. D</u>		Page :
Par	t IV Supporting Organizations (continued)			I
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110	Y	
·	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	11.0		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d l		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations			
OCCL	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- (: \	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru		N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Forn			20-4190	440 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	
1 Chec	k here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (explain in Part	VI). See
instru	uctions. All other Type III non-functionally integrated supporting organizations is	nust (complete Sections A throi	ugh E.
Section A /	Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - A	VIIIO IO O O O O O TIV		(A) Pilor real	(optional)
1 Net short	rt-term capital gain	1) () (/
	ies of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	s 1 through 3.	4		
	ation and depletion	5		
6 Portion of	of operating expenses paid or incurred for production or collection			
	income or for management, conservation, or maintenance of			
=	held for production of income (see instructions)	6		
	xpenses (see instructions)	7		
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			(op notion)
00 0	ons for short tax year or assets held for part of year):			
	monthly value of securities	1a		
	monthly cash balances	1b		
	rket value of other non-exempt-use assets	1c		
	dd lines 1a, 1b, and 1c)	1d		
	nt claimed for blockage or other factors			
	in detail in Part VI):			
	on indebtedness applicable to non-exempt-use assets	2		
	line 2 from line 1d.	3		
	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,	Ť		
	ructions).	4		
	e of non-exempt-use assets (subtract line 4 from line 3)	5		
	line 5 by 0.035.	6		
	ies of prior-year distributions	7		
	m Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjusted	I net income for prior year (from Section A, line 8, column A)	1		
	85 of line 1.	2		
	n asset amount for prior year (from Section B, line 8, column A)	3		
	eater of line 2 or line 3.	4		
	tax imposed in prior year	5		
	table Amount. Subtract line 5 from line 4, unless subject to	Ť		
	ncy temporary reduction (see instructions).	6		
	k here if the current year is the organization's first as a non-functionally integral		pe III supporting organiza	ation

Schedule A (Form 990) 2023

(see instructions).

Musana Community Development Schedule A (Form 990) 2023 26-4198446 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive R (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019. **b** Excess from 2020 c Excess from 2021.

Schedule A (Form 990) 2023

d Excess from 2022

e Excess from 2023

Schedule A (For	m 990) 2023	Musana	Community	Development	26-4198446	Page 8
Part VI	Supplemental III, line 12; Part I	Information. P IV, Section A, I	rovide the explar ines 1, 2, 3b, 3c,	ations required by Part II 4b, 4c, 5a, 6, 9a, 9b, 9c	, line 10; Part II, line 17a o , 11a, 11b, and 11c; Part I\	or 17b; Part V, Section
г	3a, and 3b; Part	V, line 1; Part	V, Section B, line		d 3; Part IV, Section E, line nes 5, 6, and 8; and Part \ See instructions.)	
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DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

2023

Musana Community Developmen Organization Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b. and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

<u>Musa</u>	na Community Development	26	-4198446
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 300,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$ 115,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 404,270	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 116,484	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Hamo, address, and En TT	\$ 298,020	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ituine, audiess, and Lif T 4	\$ 94,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Musana Community Development

| Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| Contributors (see instructions) | Contributions | Cont

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7		\$ 1,037,590	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and Zii ++	\$ 127,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 (b)	\$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 (b)	\$ (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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 Open to Public Inspection

Name		mployer identification number
		6-4198446
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts
	(a) Donor advised funds	(b) Funds and other accounts
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?	Yes No
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?	Yes No
Pa	art II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education Preservation of a historically in	
	Protection of natural habitat	oric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a coreasement on the last day of the tax year.	
_	· · · · · · · · · · · · · · · · · · ·	Held at the End of the Tax Yea
a		2a
b		2b 2c
۲ C	Number of conservation easements on a certified historic structure included on line 2a	20
u		2d
3	on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
3	tax year	zation during the
1	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	
3	violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	· · · · · · · · · · · · · · · · · · ·
·	otali and volunteer floure devoted to meritaining, inspecting, flaridining of violations, and emotoring conservation	casements daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	ements during the year
-	g,g,g	entering and year
8	Does each conservation easement reported on line 2d 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 statem	nent and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
_	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ot 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, p	provide the
	following amounts required to be reported under FASB ASC 958 relating to these items.	•
a		\$
b	Assets included in Form 990, Part X	\$

Sche	edule D (Form 990) 2023 Musana	Community	<u>Development</u>	<u> 26</u> -4	198446	Page 2
	art III Organizations Maintaini				Other Similar As	sets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply).	ssion, and other red	cords, check any of the	following that make	significant use of its	
а	Public exhibition	■ d	Loan or exchange pr	ogram		
b	H.I. N II	lo e	Other	•		
С	Preservation for future generations	1115			- () (
4	Provide a description of the organization'	s collections and ex	plain how they further	the organization's exe	empt purpose in Part	
	XIII.					
5	During the year, did the organization solid	cit or receive donati	ons of art, historical tre	asures, or other simil	ar	
	assets to be sold to raise funds rather the		as part of the organiza	ation's collection?		. Yes No
Pa	art IV Escrow and Custodial	_	· " =	5 . 11 / 11 . 6		
	Complete if the organizat 990, Part X, line 21.	ion answered "\	es" on Form 990,	Part IV, line 9, o	r reported an am	ount on Form
1a	Is the organization an agent, trustee, cus	todian or other inter	mediary for contribution	ns or other assets no	t	
						Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	ne following table.			
						Amount
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount of					. Yes No
	If "Yes," explain the arrangement in Part	XIII. Check here if t	he explanation has bee	en provided on Part X	ill	
Pa	art V Endowment Funds	ion analysed "\	/oo" on Form 000	Dort IV line 10		
	Complete if the organizat				T	T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains, and					
	losses					
	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
	Administrative expenses End of year balance					
	Provide the estimated percentage of the	current year and ha	lanco (lino 1a, column	(a)) hold as:		
	Board designated or quasi-endowment		iance (iine 19, column	(a)) Held as.		
	Permanent endowment %					
	Term endowment %	,				
Ū	The percentages on lines 2a, 2b, and 2c	should equal 100%				
3a	Are there endowment funds not in the po	•		and administered for	the	
	organization by:		anii and and mora			Yes No
	(i) Unrelated organizations?					3a(i)
	(ii) Deleted ergonizations?					20/::\
b	If "Yes" on line 3a(ii), are the related orga					
	Describe in Part XIII the intended uses o					
	art VI Land, Buildings, and Ed					
	Complete if the organizat		<u>'es" on F</u> orm 990,	Part IV, line 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other	r basis (b) Cost or o	other basis (c)	Accumulated	(d) Book value
		(investmen	t) (other	er) d	epreciation	
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment			37,630	13,413	24,217
е	Other					
Tota	II. Add lines 1a through 1e. (Column (d) m	ust equal Form 990.	Part X, line 10c. colur	nn (B))		24,217

Total. (Column (b) must equal Form 990, Part X, line 25, col. (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

(6)(7) (8)

91,686

Sch	edule D (Form 990) 2023 Musana Community Development		26-419844		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater		•	Retu	rn
	Complete if the organization answered "Yes" on Form 990				
1	Total revenue, gains, and other support per audited financial statements			1	4,034,512
2					
а	Net unrealized gains (losses) on investments	2a)n		M/
b	Donated services and use of facilities	2b			\cup \vee
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	25 , 707		
е	Add lines 2a through 2d			2e	25,707
3				3	4,008,805
4	, , , , , , , , , , , , , , , , , , , ,				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	4 000 005
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,008,805
Pa	art XII Reconciliation of Expenses per Audited Financial State			er Re	turn
	Complete if the organization answered "Yes" on Form 990.			, ,	2 440 100
_	Total expenses and losses per audited financial statements			1	3,447,187
2		_			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	05 505		
a	Other (Describe in Part XIII.)	2d	25,707		25 707
_	Add lines 2a through 2d			2e	25,707 3,421,480
3		γγ		3	3,421,400
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		4a 4b			
U	Other (Describe in Part XIII.)	40		4-	
	· Add lings 13 and 16				
С	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			4c	3 - 421 - 480
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,421,480
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information			5	
5 Prov	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, line	es 1b and 2b; Part V, line	5	
5 Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	t IV, line	es 1b and 2b; Part V, line additional information.	5 e 4; Part	X, line
5 Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parlart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	t IV, line	es 1b and 2b; Part V, line additional information.	5 e 4; Part	X, line
Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parlart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	t IV, line ide any d i r	es 1b and 2b; Part V, line additional information.	5 + 4; Part	X, line
Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include	t IV, line ide any d i r	es 1b and 2b; Part V, line additional information.	5 + 4; Part	X, line
Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include	t IV, line ide any d i r	es 1b and 2b; Part V, line additional information.	5 + 4; Part	X, line
Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include lost of goods sold	t IV, line ide any d	es 1b and 2b; Part V, line additional information. Financials	5 4; Part	X, line ther 25,707
Prov 2; P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include	t IV, line ide any d	es 1b and 2b; Part V, line additional information. Financials	5 4; Part	X, line ther 25,707
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include lost of goods sold	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
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Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - E	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other
Provential	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove eart XI, Line 2d - Revenue Amounts Include cost of goods sold eart XII, Line 2d - Expense Amounts Include cart XIII, Line 2d - Ex	t IV, line ide any d in	es 1b and 2b; Part V, line additional information. Tinancials in Financials	5 4; Part	X, line ther 25,707 Other

Schedule D (I	Form 990) 2023	Musana	Community	Development	26-4198446	Page 5
Part XIII	Supplemen	ntal Informa	ation (continued)	Development		
			•			
			lnc	naat	ion Co	
				UGUL		
				_		
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

Musana Community Development

Employer identification number

	_	Organiz					26-41984	
Pai		neral Information m 990, Part IV, line		Outside th	e United States	s. Complete if	the organization a	nswered "Yes" on
1			ization maintain recor	ds to substa	intiate the amount of	f its grants and		
	_	_	ibility for the grants o			_		
	award the gra	ants or assistance?						X Yes No
2	For grantma	kers. Describe in Par	t V the organization's	procedures	for monitoring the u	se of its grants	and other assistance	
	outside the U	Inited States.						
3	Activities per	Region. (The following	g Part I, line 3 table o	an be duplic	cated if additional sp	ace is needed.))	
	(a) Region	(b) Number of offices in	(c) Number of employees,		ties conducted in the		vity listed in (d) is ogram service,	(f) Total
		the region	agents, and independent	fundraisin	(by type) (such as, g, program services, s, grants to recipients	describe	e specific type of	expenditures for and investments
			contractors in the region		ed in the region)	service	(s) in the region	in the region
Su	b-Sahara:	n Africa	in the region					
(1)			2	Progam	services	Support	NGO program	2,310,388
	rope							
(2)				Proram	services	Program	expansion	32,584
(3)								
(0)								
(4)								
 \								
(5)								
(6)								
(7)								
(8)								
(0)								
(9)								
10)								
(11)								
12)								
13)								
,								
14)								
(4.F.)								
15)								
16)								
17)	J-4-4-1							2 242 072
	Ibtotal		2					2,342,972
	al from continuation ets to Part I							
	tals (add							
line	es 3a and 3b))	2					2,342,972

Schedule F (Form 990) 2023 Musana Community Development

26-4198446

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99									
	Part IV, lin	e 15, for any red	cipient who red	ceived more than \$5,000. Pa	art II can be duplica	ted if addition	al space is need	<u>ed.</u>	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				Operating grant	584,444	Wire tran	sfer		1
(2)				Capital grant	1,725,944	Wire tran	sfer		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En				at are recognized as charities by the grantee or counsel has provided a s					

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023 Musana Community Development 26-4198446 Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (e) Manner of (d) Amount of (g) Description (h) Method of (a) Type of grant or assistance (f) Amount of valuation recipients noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (3) __(5)_____ (6) __(7)_____ (9) (10) (11) (12) (13) (14) (15) (16) _(17) (18)

Part IV Foreign Forms

	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	Yes	X No
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

amounts of investments vs. expenditur	art I, line 2 (monitoring of funds); Part I, line 3, column (f) (accorded by the sper region); Part II, line 1 (accounting method); Part III (accounting met	counting method);
Region	Expenditures Inves	tments
Sub-Saharan Africa	\$ 2,310,388 \$	0
Europe	\$ 32,584 \$	0
operations in Uganda, as it amounts transferred to the N	tion Corganization (MCDO) continues to did before the formation of the N NGO are restricted to uses defined be approved by the MCDO Board of	GO. All
During 2023, the Board of MC	CDO agreed to let a UK charity kno	
During 2023, the Board of MC Hope use the name "Musana UI arm for projects in Uganda,	K". This will act as an additional and will be a separate legal enti	fundraising
During 2023, the Board of MCHOpe use the name "Musana Unarm for projects in Uganda, and Musana Uganda. MCDO's bo	K". This will act as an additional	fundraising ty from MCDO
During 2023, the Board of MCHOpe use the name "Musana Unarm for projects in Uganda, and Musana Uganda. MCDO's bo	K". This will act as an additional and will be a separate legal entipard has temporarily funded the Ed	fundraising

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Musana Community Organization	Developm	ent		4:00	Employer identification	
Part I Fundraising Activities. Complete	if the organiz	ation	ans	wered "Yes" on F		
Form 990-EZ filers are not required	d to complete	this p	art.		0,0	<u> </u>
1 Indicate whether the organization raised funds throug	h any of the follo	wing a	ctiviti	es. Check all that app	oly.	
a Mail solicitations	e Solicitation	n of no	on-go	vernment grants		
b Internet and email solicitations	f Solicitation	n of go	overn	ment grants		
c Phone solicitations	g Special fu	undraisi	ing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent	t with any individity in connection	lual (ind with pr	cludir ofess	ng officers, directors, t sional fundraising serv	rustees, ices?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pur	suant 1	to ag	reements under which	the fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo contr	dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-		Yes			.,	
1						
2						
3						
4						
5						
6						
7						-
8						
9						
10						
Total						
3 List all states in which the organization is registered or registration or licensing.	or licensed to soli	cit con	tributi	ions or has been notif	ied it is exempt from	

Schedule G (Form 990) 2023 Musana Community Development 26-4198446 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Golf Tournament (add col. (a) through Taste to Transf col. (c)) (event type) (total number) Revenue 1,063,497 250,518 203,458 1,517,473 Gross receipts 1,063,497 250,518 203,458 1,517,473 2 Less: Contributions 3 Gross income (line 1 minus line 2). 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 236,152 62,472 116,837 415,461 9 Other direct expenses 415,461 10 Direct expense summary. Add lines 4 through 9 in column (d) -415,461 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2023	Musana	Community	Development	26-4198446	Page 3
11	Does the organization co					Yes No
12	=			or a member of a partners	ship or other entity	·· <u> </u>
	formed to administer cha	aritable gaming?		·		Yes No
13	Indicate the percentage of			4 1		
а				nacti		3a %
b	An outside facility				1:	3b %
14		ress of the perso	n who prepares the	organization's gaming/spe	• • • • • • • • • • • • • • • • • • • •	y
	records:	•	, ,	0 0 0 1		
	Name					
	Address					
15a	Does the organization ha	ave a contract wi	h a third party from	whom the organization red	ceives gaming	
	revenue?					Yes No
b	If "Yes," enter the amoun	nt of gaming reve	nue received by the	organization \$	and the	··
	amount of gaming revenu					
С	If "Yes," enter name and					
	Name					
	Address					
16	Gaming manager information	ation:				
	Name					_
	Gaming manager compe	ensation \$				
	Description of services p	orovided				
	_	_	_			
	Director/officer	Employe	ee 🔲 Ind	dependent contractor		
17	Mandatory distributions:					
а				le distributions from the ga	= :	
	retain the state gaming li	icense?				Yes No
b	Enter the amount of distr	ributions required	under state law to	be distributed to other exer	mpt organizations or	
<u> </u>	spent in the organization'				II D (II' OI I ''')
Pa					by Part I, line 2b, columns (iii	
			150, 15c, 16, an	id 17b, as applicable.	Also provide any additional in	formation.
	See instruct	lions.				
					0.1	O (Farm 000) 0000
					Schedule	G (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Musana Community Development

Employer identification number

	Organization	4 1	26-4198446		
Par	t I Excess Benefit Transactions	(section 501(c)(3), section 501(c)(4), and	d section 501(c)(29) organizations only)	1	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 25a or 2	25b; or Form 990-EZ, Part V, line 40b.		
1		(b) Relationship between disqualified person and		(d) Corrected?	
I	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by the organiza	ation managers or disqualified persons du	rring the year		
ι	under section 4958		\$		
3 1	Enter the amount of tax, if any, on line 2, above	reimbursed by the organization	\$		

Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (a) Name of interested person (b) Relationship (c) Purpose of (e) Original (f) Balance due (g) In default? (h) Approved with organization to or from principal amount by board or agreement? the org.? committee? To From Yes No No Yes No Yes (4) (9) (10)Total \$

Part III **Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	Complete if the organization anomored for our form coo, if are tv, into 27.						
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

Schedule L (Form 990) 2023	Mus	ana Co	mmunity	Deve]	Lopment	26-4198446	P	age 2
Part IV	Business Ti	ransactions	Involving	Interested	Persons	_			
	Complete if the	organization ans	swered "Yes"	on Form 990,	Part IV, line	e 28a, 28b, or 28c.	1		
	(a) Name of inte	rested person		(b) Relationshi	p between	(c) Amount of	(d) Description of transa		Sharing forg.
		11		interested pers organiza		transaction		reve	enues?
(a) TT 1 T		110	$-\mathbf{m}$					Yes	+
	Kazindra	++-		Spouse I					X
(2) Erin 1	Moser			Spouse H	mr irs	r 88,753	Salary & bene	rits	<u> </u>
(3)									
(4) (5)									
(6)									
(7)									
(8)									
(9)									
10)									
Part V	• •	al Information formation formation formation		to questions o	n Schedule	L. See instructions.			
Sched	ule L, Pa	art V -	Additi	onal Int	Format	ion			
								-	
In Se	eptember c	of 2017,	the O	rganızat	ion h	ired the Ti	reasurer's wi	ite as	<u>a p</u> art
time	employee	to work	on dor	nor deve	elopme	nt. That Ti	reasurer is r	no long	er on
the b	oard. The	board	and man	nagement	have	evaluated	this arrange	ement,	and_
belie	ve it is	in the	best i	nterest	of th	e Organizat	cion. The him	ring wa	<u>s</u>
appro	ved in a	ccordance	e with	the Org	ganiza	tion's conf	Elict of inte	erest p	olicy.
The C	'nougo of	the Eve	auti	Dimogra		omplored as	the Wigger	Hando	
THE S	pouse or	CHE EXE	cucive	DITECTO	or is	emproyed as	the Musana	uganda	
Execu	tive Dire	ctor. Pa	rt of	his com	pensat	tion is pai	d by Musana	in the	
Unite	d States.								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Schedule O (Form 990) 2023

Name of the organization Musana Community Development Employer identification number Organization 26-4198446

Form 990 - Organization's Missi	on					
Musana Community Development Or	ganization exists solely to support programs					
and capital development of the	Musana NGO in Uganda, which is working					
towards self-sustainability. MCDO provides both financial support and						
expertise in areas such as cons	truction, craft skills, education, and					
financial reporting.						
Form 990, Part VI, Line 2 - Rel	ated Party Information Among Officers					
Andrea Kazindra	Haril Kazindra					
US Exec Dir	UG Exec Dir					
Family						
Form 990, Part VI, Line 11b - 0	rganization's Process to Review Form 990					
The completed Form 990 and requ	ired schedules were emailed to all current					
members of the Board of Director	rs for review and comment. All comments were					
addressed and questions answered	d prior to filing.					
Form 990, Part VI, Line 12c - E	inforcement of Conflicts Policy					
Conflicts of interest are consid	dered before every vote of the Board of					
Directors and conflicted members	s leave the room during discussions and					
abstain from voting.						
Form 990, Part VI, Line 15a - C	ompensation Process for Top Official					
The Executive Director's perform	mance is reviewed by the Board each year,					
and the Board approves their co	mpensation package.					

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