For Office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUA	AL REPORT		Form AG990-
PMT#	Illinois Attorney General Kwame Rao Charitable Trust Bureau, 115 S. LaSalle	ul_	E0.400 (02449)	Revised 1/2
	Chicago, IL 60603	e or Ci	O <u># 01-</u>	-082524
AMT	Report for the Fiscal Period:	TV		l items attached:
3,460,00	- Inspert of the Fiscal Fellou.	Make Checks X	THE RESERVE OF THE RE	RS Return
	Beginning 01/01/2023	Make Checks A		inancial Statements Financial Statements
INIT		Illinois Charity	Copy of F	
	& Ending 12/31/2023	Bureau Fund X	The second secon	al Report Filing Fee
	NAMES AND DESCRIPTION			Report Filing Fee
ederal ID # 84-4538090 re contributions to the organization	Date	organization was creat		5/14/2020
egal Name: BRAVE SPA		1 1000 - 1000	M	DAY YR
oga nomo, militar Dilli	OJ ADDIANCE	YEAR-END AMOUNTS		
Mail Address: 1515 E 52	ND PLACE, THIRD FLOOR	A) ASSETS	A) \$	3,593,394.
City, State: CHICAGO,	IL	B) LIABILITIES	B) \$	35,292
Zip Code: 60615		C) NET ASSETS	C) S	3,558,102
CUMMARYON		ES DIVERSI	The same	0,000,208.
. SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D) PUBLIC SUPPORT, CONT	TRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	56.264%	D) \$	1,078,745.
E) GOVERNMENT GRANTS ,F) OTHER REVENUES	AND MEMBERSHIP DUES	29.024%	E) S	556,481.
r) OTHER NEVENUES		14.712%	F) \$	282,077.
G) TOTAL REVENUES, INCO	ME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100.0	G) \$	1 017 202
I. SUMMARY OF ALL I	EXPENDITURES DURING THE YEAR:	100 %	(i) \$	1,917,303.
 H) OPERATING CHARITABLE 	E PROGRAM EXPENSE	46.242%	H) \$	1,135,968.
			1	
 EDUCATION PROGRAM S 	SERVICE EXPENSE	%	1) \$	
J) TOTAL CHARITABLE PRO	OD AM OFFILIAR FURNISHED			and the second of the second
J TOTAL CHANTABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	46.242%	J) \$	1,135,968.
J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED IN J) \$			
K) GRANTS TO OTHER CHAF	RITABLE ORGANIZATIONS			
	SEE STOCKEENTONS	%	K) \$	
L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	46.242%	L) \$	1,135,968.
		70.00	- φ	1,100,000.
M) MANAGEMENT AND GENE	FRAL EXPENSE	41.423%	M) \$	1,017,572.
N) FUNDRAISING EXPENSE			111111111111111111111111111111111111111	version continues
N) TONCHAISING EXPENSE		12.335%	N) \$	303,017.
0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M & N)	100 %	0) S	2,456,557.
. SUMMARY OF ALL P.	AID FUNDRAISER & CONSULTANT ACTIVITIES:		(All haras	
(Allach Attorney General Repor	t of Individual Fundraising Campaign (Form IFC), One for each PFR.)			
PROFESSIONAL FUNDRAISER	<u>s:</u> By Paid Professional Fundraisers			
1) TOTAL AMOUNT HAISED I	ST PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
0) TOTAL FUNDRAISERS FEE	S AND EXPENSES	1 2	01.0	
		%	Q) \$	
R) NET RECEIVED BY THE CH		%	R) \$	
PROFESSIONAL FUNDRAISH TOTAL AMOUNT DATE	NG CONSULTANTS:		Section 1	
COMPENSATION TO	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	30,575.
T) NAME TITLE: JAE R	THE (3) HIGHEST PAID PERSONS DURING THE YELICE, DEPUTY CEO	AH:	7) 6	
U) NAME, TITLE: STEPH	ANIE SKORA, CHIEF DEVELOPMENT OFFI	CEB	T) \$ U) \$	88,186.
V) NAME, TITLE: CHANN	YN PARKER, EXECUTIVE DIRECTOR		V) \$	84,929. 76,970.
CHARITABLE PROGE	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	Đ)		k side of instructions
				CODE
W) DESCRIPTION: PROVI X) DESCRIPTION:	DES SERVICES AND RESOURCES TO COMM	UNITY	W)#	300
Y) DESCRIPTION:			X) #	
W) DESCRIPTION: PROVI X) DESCRIPTION: Y) DESCRIPTION:			V) #	THE COLUMN TWO IS NOT

	THE ANSWER TO ANY OF THE FOLLOWING	DIESTIONS IS VES ATT	ACH A D	ETAIL ED EVOI ANATION	-	NAME OF TAXABLE PARTY.	
	THE ANSWER TO ANT OF THE PULLOWING	AGEOTIONO 10 TEO, AT I	- Maria State Company	STATEMENT 1	THE S	YES	NO
100	THE RESERVE OF THE PERSON OF T	TON CINE DENALTY OF HIDE	The second secon	OTMINENT 1			
ks	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT A	THOW, PINC, PENDELT ON HOUSE	MENTY	***************************************	, No.	Contract of the	X
	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUS	THE OFFICER OF EMPLOYEE TO	sepene con	D 07741 DOM BOTTO DV 4405			
-						STORY STORY	-
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OF	H MISAPPHUPHIATIUN UF FUN	US UH ANY I	ELONY7	2		X
				V - No. of Street, Assessment			
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONT				172		
	DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS	TAPART TO ANY TRANSACTIO	N IN WHICH	ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL IN	ITEREST; OR DID ANY OFFICER,	DIRECTOR O	OR TRUSTEE RECEIVE	100	MISS.	
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION	12			3.		X
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE S	TOCK IN WHICH ANY OFFICER, I	DIRECTOR O	R TRUSTEE OWNS MORE			
	TURBLE SON OF THE PURPOSE STREET, SALES WHEN A				4.	ALL DE	X
			interior in in				
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE N.	AME OF OR COMMINGLED WITH	THE PROPE	RTY OF ANY OTHER PERSON			
	OR ORGANIZATION?				5.		X
							6183
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFES	SIONAL EUNDRAISERS (ATTACK	EDDIA IEON		6.		X
	Samoto of Al Hores	GIONAL FUNDAMIGENT (A) TAUP	TORM ITO)	***************************************		300000	O COLUMN
74.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOL	ICITATION MAILING ADVENTIO	CAMENT OF A	ITEDATURE POGTO			
	BETWEEN PROGRAM SERVICE AND FIND PAISURE EXPENSE	SECO	CONCAT UN L	TIESKIUNE GUOTO	2	To Division	X
70.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENS IF "YES", ENTER	ROI			7.	No. of Contract of	
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				147		
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$				711		
	(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GER	EDAL 2					
	(IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$	ICLUSE D	: ANI				
		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PARTY					
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS	FOR PURPOSES OTHER THAN OF	CTDICTED D	uppoccog			X
		TOTAL OUR OCCUPANTAL THAN TO	olmuleur	UNPUGEOF	8.		4
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRAT	TON OR HAD ITS DECISTRATION	OD TAV EVE	MOTION OLICOPHINES OF			到 书》
	REVOKED BY ANY GOVERNMENTAL AGENCY?	ION ON TIAD TO DEGIC TRATION	UN IAA EAE	MITTION SUSPENDED UR		-	v
			***********		9	Total Control	X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY K	OCKBACK BRIBE OF ANY THEFT	DEEAL CAT	ON MISADDDDDDDIATION			3634
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		OM PROPERTY	ON MIGATE HOPRIATION.	40	X	
			(Married 1997)	manous and annual con-	10.	4	
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITU	MONS WHERE THE ORGANIZATI	ON MAINTAI	NS ITS			
	THREE LARGEST ACCOUNTS:		THE REAL PROPERTY.				
	BEVERLY BANK, 1515 E 52ND P	L, CHICAGO, IL	60615-	4390			20.74
		Trial State of the					
				A STATE OF THE PARTY OF THE PAR	1	EV	THE ST
	No transport Automotive Control of the						411
40	MANE AND THE COLLOWS AND	IN THE PARTY WAS A STATE OF THE PARTY OF THE	Winds and		Salari.	F-SILV	Page 1
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: M	MARVIN THOMPSON	- (87:	2) 333-5199	44	M. A.	
	e ALL ATTACHBELLES AND	T ACCOMPANY THE STREET	Part Contraction			irene	
		T ACCOMPANY THIS REPORT -					
NDE	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLAR MENTS, INCLUDING ALL THE SCHEDULES AND STATEMENT	RE AND CERTIFY THAT I (WE) HA	VE EXAMINE	D THIS ANNUAL REPORT AND TH	EATTA	CHED	
LIN	MENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS	S, AND THE FACTS THEREIN STA	TED ARE TRI	JE AND COMPLETE AND FILED WI	TH THE		
	DIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE ETO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO TH				UTHOR	IZE AND	
	The state of the s	COMMODICATION OF THE STATE	OF ILLINOIS	11 1111			
BE	SURE TO INCLUDE ALL FEES DUE: CHAN	NYN PARKER	111	ANNII XXX	6	11/1	1/2
1.)	REPORTS ARE DUE WITHIN SIX DRESIDE	NT OF TRUSTEE (PRINT NAME)		CHONATURE		11/4	4
	MONTHS OF YOUR FISCAL YEAR END	STITUTE PROTECTIONS	100	SIGNATURE		DAT	
6	FOR FEES DUE SEE INSTRUCTIONS. BRIA	N THOMPSON	En.	-1/-	1	0/11	12
94)		RER OF TRUSTEE (PRINT NAME)	1/	CIOMATHOE			10
	\$100.00 PENALTY.	A HINGITE PART NAME	11	SIGNATURE		DAT	
0101	MOCA	N ANGLE	1110	ROU KON	5/15	bery	,
10101	N THE REPORT OF THE PARTY OF TH	PREPARER (PRINT NAME)		SIGNATURE	7.0	DATI	
				MATERIAL PROPERTY AND ADDRESS OF THE PARTY O		LIMIT	

	THE ANSWER TO ANY OF THE FOLLOWING O		SER STATEMENT 1	-	YES N
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT AC	TION, FINE, PENALTY OR JUDG	SMENT?	1.	X
	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUS				
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE O	R MISAPPROPRIATION OF FUN	DS OR ANY FELONY?	2.	X
				· '-	
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONT	RIBUTION TO ANY ORGANIZATI	ON IN WHICH ANY OF ITS OFFICERS,		
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS I	TAPART TO ANY TRANSACTIO	N IN WHICH ANY OF ITS OFFICERS,		
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL IN ANYTHING OF VALUE NOT REPORTED AS COMPENSATION	PEREST, OR DID ANY OFFICER,	DIRECTOR OR TRUSTEE RECEIVE		1 39
	and the same characteristics		***************************************	3.	X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE ST	OCK IN WHICH ANY OFFICER, I	DIRECTOR OR TRUSTEE OWNS MORE		
	THAN 10% OF THE OUTSTANDING SHARES?			4.	X
5.	IS ANY DRODERTY OF THE ORGANIZATION HELD IN THE NA				
	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NA OR ORGANIZATION?			_	2
				5.	X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESS	ONAL FUNDRAISER? (ATTACH	FORM IFC)	6.	X
				0.	^_
a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLI	CITATION, MAILING, ADVERTIS	EMENT OR LITERATURE COSTS		ë l
7h	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSE IF "YES", ENTER	S?	900000000000000000000000000000000000000	7.	X
Mrs.	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$	i			
	(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENE	ERAL \$: AND		
	(IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$	(#)		18	
Ü	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS F	OR REIRROSES OTHER THAN DE	CONTRACTOR DURANCES	4	
				8.	X
	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATI	ON OR HAD ITS REGISTRATION	OR TAX EXEMPTION SUSPENDED OR		
	REVOKED BY ANY GOVERNMENTAL AGENCY?		***************************************	9.	X
	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KI			1	
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	MONOR, DRIDE, UN MILT THEFT	, DEFALGATION, MISAPPROPHIATION,	10.	v
				10.	a l
1.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUT	IONS WHERE THE ORGANIZATION	ON MAINTAINS ITS		
	THREE LARGEST ACCOUNTS:	OUT 01 00 TT			
	BEVERLY BANK, 1515 E 52ND PL	, CHICAGO, IL	60615-4390		
					-
0.					
2.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MA	ARVIN THOMPSON	- (872) 333-5199		
	ALL ATTACHMENTS MUST	ACCOMPANY THIS REPORT - S	ATT HIGH LINE AND ADDRESS OF THE ADD		
circ Pc					
UN	PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE MENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, ALL STRONG OF THE DUPLY OF THE PROPERTY.	AND THE FACTS THEREIN STATE	VE EXAMINED THIS ANNUAL REPORT AND TH	E ATTA	CHED
140	S ATTORNET GENERAL FOR THE PURPUSE OF HAVING THE	PEOPLE OF THE STATE OF IT IN	IOIS RELY THERELIPON THEREBY ELIPTICS A	AUTHORI	ZE AND
EE	TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE	JURISDICTION OF THE STATE (OF ILLINOIS,		
E S	URE TO INCLUDE ALL FEES DUE: CHANN	NYN PARKER	Manney Ly	6	MA
) }	REPORTS ARE DUE WITHIN SIX PRESIDEN	IT OF TRUSTEE (PRINT NAME)	SIGNATURE		DATE
	MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. RD TAN		or transfer to the same		DATE
) !	REPORTS THAT ARE LATE OR	THOMPSON			
1	NCOMPLETE ARE SUBJECT TO A THEASURI	ER OF TRUSTEE (FRINT NAME)	SIGNATURE		DATE
S	B100.00 PENALTY. MRGAN	ANGLE	Moon to	510	12034
01 3-24		PREPARER (PRINT NAME)	SIGNATURE	-113/	
		Committee of the contract of t	JOIGNATURE /		DATE

FORM AG990-IL

EXPLANATION FOR ACTIVITIES DESCRIBED ON PAGE 2

STATEMENT 1

STATEMENT 10: THE ORGANIZATION HAS NO NEW INCIDENTS TO REPORT. INFORMATION REGARDING INCIDENTS OCCURRING IN THE YEARS 2021 AND 2022 WERE PREVIOUSLY REPORTED BY THE CORGANIZATION TO THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL ON NOVEMBER 18, 2022, IN A LETTER TO KRISTIN LOUIS, THEN DEPUTY BUREAU CHIEF, IN SUBSEQUENT CORRESPONDENCE AND CALLS WITH MS. LOUIS AND MR. PASQUALE ESPOSITO, CHARITABLE TRUST BUREAU, AND IN THE ORGANIZATION'S PRIOR AG990-IL REPORTS.

10-17351

Department of the Treasury internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning	and e	ndina	ormation.		Inspection
В	Check if applicable:	C Name of organization	ande		D Employer is	dentific	eation number
	Address	BRAVE SPACE ALLIANCE			4 6		
F	Name	Doing business as					
Ē	Initial	Number and street (or P.O. box if mail is no	at delivered to etreet address.		84-45		
	Final return/ termin- ated	1515 E 52ND PLACE, TH	HIRD FLOOR	oom/suite	E Telephone n (872)		3-5199
	Amended	City or town, state or province, country,	and ZIP or foreign postal code		G Gross receipts \$		1,917,303
F	_Ireturn _Applica- tion	CHICAGO, IL 60615			H(a) Is this a gr	oup re	turn
	pending	F Name and address of principal officer. C. SAME AS C ABOVE	HANNYN PARKER		for subord	inates?	Yes X N
1.1	ах-ехеп	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	1			luded? Yes No
	Vebsite:) (insert no.) 4947(a)(1) or				ist. See instructions
K F	orm of or	ganization: X Corporation Trust	Association Other		H(c) Group exe		
		Summary	- Valor	L rear or	formation; 20	2 U M	State of legal domicile; I
	1 Br	iefly describe the organization's mission or m	ost significant activities: BRAVE	SPACE	ALLTANO	T S	G THE
Activities & Governance	F	IRST BLACK-LED, TRANS-I	ED LGBTQ+ CENTER L	OCATEL	ON THE	SOI	ITH SIDE
2	2 0	neck this box if the organization dis	continued its operations or disposed	of more th	an 25% of its n	et asse	ets
iove	3 No	imber of voting members of the governing bo	dy (Part VI, line 1a)			0	1:
8	4 Nu	umber of independent voting members of the	governing body (Part VI, line 16)				1:
ies	0 10	real number of individuals employed in calend	ar year 2023 (Part V. line 2a)			5	3
ΙΝΉ	0 10	rial number of volunteers (estimate if necessa	ry)			6	7:
Ac	7 a 10	dai unrelated business revenue from Part VIII,	column (C), line 12			7a	0
-	D Ne	t unrelated business taxable income from Fo	m 990-T, Part I, line 11		**************************************	7b	0
1900	8 Co	ontributions and grants (Part VIII, line 1h)		-	Prior Year		Current Year
5	9 Pro				2,299,56		1,616,406
Revenue	10 Inv	estment income (Part VIII, column (A), lines 3	4. and 7d)	1477	17,48		18,820
æ	11 Ott	her revenue (Part VIII, column (A), lines 5, 6d,	8c 9c 10c and 11c)	***	7,17	3.	1,029.
	12 To	tal revenue - add lines 8 through 11 (must equ	ial Part VIII. column (A) line 12)		2,325,20		281,048.
	13 Gra	ants and similar amounts paid (Part IX, colum	n (A), lines 1-3)		2,323,20	0.	1,917,303.
	14 Be	nefits paid to or for members (Part IX, column	(A), line 4)			0.	0.
00	15 Sa	laries, other compensation, employee benefit		963,91	ALCOHOL: N	1,027,448.	
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		,	0.	0.
å	D 101	iai iunoraising expenses (Part IX, column (D),	line 25) 303.017		THE RELEASE		
-	17 Ott	ner expenses (Part IX, column (A), lines 11a-1	ld, 11f-24e)		1,833,51	3.	1,429,109.
- 1	18 Tot	tal expenses. Add lines 13-17 (must equal Par	t IX, column (A), line 25)		2,797,43		2,456,557.
- 97	19 He	venue less expenses. Subtract line 18 from lin	ne 12		-472,22		-539,254.
osts o	20 Tot	ral assets (Part X, line 16)		-	ning of Current Y		End of Year
Net Assets or Fund Balances	21 Tot	al llabilities (Part X, line 16)	***************************************	4	4,201,79		3,593,394.
Net	22 Net	t assets or fund balances. Subtract line 21 fro			105,89		35,292.
Par	t II S	Signature Block	m line 20	4	1,095,89	6.	3,558,102.
-		of perjury, I declare that I have examined this retuined	n including accessors to a state of the		7 2 2 2 2		
rue, c	orrect, ar	nd complete. Declaration of preparer (other than off	icer) is based on all information of which	nranarer bae	and to the dest	or my kr	nowledge and belief, it is
			The second of th	preparer nas	any knowledge.		
Sign	1,0000	gnature of officer			Date		
lere	CH	ANNYN PARKER, CHIEF EXT pe or print name and title	ECUTIVE OFFICER		3.5.20.00		
	Pri	nt/Type preparer's name	Preparer's signature	Date	Ches	k F] PTIN
aid		GAN ANGLE	MEGAN ANGLE		it o	employed	P00850733
repai		m's name PORTE BROWN LLC	- Constitution of the Cons				-2663358
se Or	nly Fire	m's address 845 OAKTON STREE			THIN S CIN	20	2003330
		ELK GROVE VILLAGE			Phone no	847-	956-1040
lay th	he IRS d	liscuss this return with the preparer shown at	ove? See instructions	To the second	1 mone no.		X Yes No
HA	For Pap	erwork Reduction Act Notice, see the sep	arate instructions. 332001 12-21-3	23		*********	Form 990 (2023)

Form 990 (2023) BRAVE SPACE Part IV Checklist of Required Schedules

# "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public cifford, "Yes," complete Schedule C, Part # 4 Section 501(p(8)) organizations. Did the organization engage in lobbying activities on herial of or in opposition to candidates for public cifford, "Yes," complete Schedule C, Part # 5 Is the organization a section 501(p(4), 501(p(6)), or 501(p(6)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 # "Yes," complete Schedule C, Part # 5 Did the organization markets any down advised finds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment or amounts for investments or accounts for which donors have the right to provide advise on the distribution or investment or accounts for which donors have the right to provide advise on the distribution or investment or account for such salary account failability, some as a custodian for amounts not listed in Part X, line 121, for excover or custodial account failability, save as a custodian for amounts in the first provide account failability, save as a custodian for amounts in failable accounts failability, save as a custodian for amounts in failability or accounts for save accounts failability, save as a custodian for amounts for investments or failability or accou	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Yes	No
Did the organization engage in index or indirect or pitters organization organization or in proposition to candidates for public offices? "I "Yes," complete Schedule C Part I "Section 501(R) organization. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? "I "Yes," complete Schedule C, Part II "Section 501(R) organization. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? "I "Yes," complete Schedule C, Part II "Section 501(R) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. 98:197 II "Yes," complete Schedule C, Part II "Section 501(R) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. 98:197 II "Yes," complete Schedule C, Part II "Total", complete Schedule D, Part II "Did the organization receive or bold a conservation or searment, including assements to preserve open space. The environment, historic land areas, or historic structures? "I "Yes," complete Schedule D, Part II "Total", complete Schedule D, Part II "Yes," complete Schedule D, Part II "Total", com	37	If "Yes," complete Schedule A			
Did the organization arisety of the complete Schedule C. Part II. Section 50 (Ic(R) or "Pes" complete Schedule C. Part II. Section 50 (Ic(R) organizations. Did the organization engage in lobbying activities, or have a section 50 (Ic(R) organization in flect during the tax year? If "Pes", complete Schedule C. Part III. Is the organization arisety or the Rev. Proc. 98 (19) (19) (19) (19) (19) (19) (19) (19)	2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions		_	
during the tax year? If "Yea," complete Schedule C, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
is the organization of settlon 50 (pc/ly, 501(pc)) or profess Schedule D, Part III. 5	4	Section 50 (c)(5) or ganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		_X_
similar amounts as defined in Rev. Proc. 99-19? If "res," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II or provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II or Did the organization reserve or hold a conservation essement, including seamments to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part III or 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 "res," complete Schedule D, Part IV or provide credit counseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part V or Did the organization decity or through a related organization, hold assets in donor-restricted endowments or in quasi-andowments? If "res," complete Schedule D, Part V or II if the organization services? If "res," complete Schedule D, Part V or II if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VIII or Did the organization report an amount for investments - program related in Part X, line 10? If "res," complete Schedule D, Part VIII or 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 10? If "res," complete Schedule D, Part XIII or Did the organization report an amount for other isolitities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "res," complete Schedule D, Part X III X III Did the organization services or amount for other isolitities in Part X, line 12? If "res," complete Schedule D, Part X III X III X III X III X II	5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>x</u>
provide artificio en the distribution or investment of amounts in such funds or accounts? if ""es," complete Schedule D, Part II Z Y Did the organization resport an amount for investments or perserve open space, Be define organization report an amount for land, building assembnite repair, or debt negotiation services? If "Yes," complete Schedule D, Part III 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, 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 VII bid the organization report an amount for land, buildings, and equipment in Part X, line 10" if "Yes," complete Schedule D, Part VII bid the organization report an amount for investments - other securities in Part X, line 10" if "Yes," complete Schedule D, Part VIII bid 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 VIII bid the organization report an amount for investments - other securities 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 VIII bid 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 X III bid X bid the organization report an amount for investments other sax year include a locitotic that addresses the organization separate or consolidated financial statements for the tax year? bid be organization separate or consolidate	6	similar amounts as defined in Rev. Proc. 98-19? # "Yes," complete Schedule C, Part #	5		X
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 3 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian of amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or each negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization or provide or credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 3 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 VIII. 4 Did the organization 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. 4 Did the organization report an amount for other isabilities in Part X, line 15% If "Yes," complete Schedule D, Part VIII. 5 Did the organization report an amount for other liabilities in Part X, line 15% If "Yes," complete Schedule D, Part X. 11 Did the organization report an amount for other liabilities in Part X, line 15% If "Yes," complete Schedule D, Part X. 11 Did the organization report an amount for other liabilities in Part X, line 15% If "Yes," complete Schedule D, Part X. 12 Did the organization school described in facelial tatements for the tax year? 13 The organization report on Part X, line 15% If "Yes," complete Schedule D, Pa	to the last	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves." complete School to D. Port I	6		х
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sester reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 127 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 13, that is 6% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for other assets in Part X, line 13, that is 6% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for other assets in Part X, line 155 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII bid the organization report an amount for other isibilities in Part X, line 257 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," complete Schedule D, Part X in Part X, line 167 if "Yes," comple	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes " complete			
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
to bid the organization report a total or 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 17	16	and the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX	16	\dashv	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		
b 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	19	bid the digarization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes, "			W=0
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities?			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b	II "Yes" to line 203 did the organization attach a copy of its predited financial statements to the copy of	0.000		X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	+	77.7
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x

22	Did the overnization report many than #7 page /	_	Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			
24 a	Schedule J	23	-	X
	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	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
	any tax-exempt bonds?	24c		
d	the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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%			
7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	NAME:		77
8	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):		la in	
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //	100		-
	"Yes," complete Schedule L, Part IV	00-		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	ZOU		
	"Yes," complete Schedule L, Part IV	28c		х
9	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? if "Yes," complete Schedule M	30		Х
1	bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? [f "Yes:" complete			
	Schedule N, Part II	32		X
3	bid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	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
ba	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
3	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	_
0	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
7	If "Yes," complete Schedule R, Part V, line 2	36	-	Х
9 +	and that is treated as a partnership for federal income tay purposed.			7.5
3	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	\rightarrow	X
	Note: All Form 990 filers are required to complete Schedule O		x	
ar	V Statements Regarding Other IRS Filings and Tax Compliance	38	Α	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
a	Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable 1a 49	$\overline{}$	105	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
004	12-21-23	Form	990 /	NO.

-	n 990 (2023) BRAVE SPACE ALLIANCE Int V Statements Regarding Other IRS Filings and Tax Compliance (continued)	84-4538	090) F	age
28		100		Yes	No
277	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 30			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	28 30		x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		2b 3a	-	х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schoolula O		3b		
4a	any time donling the calendar year, did the organization have an interest in, or a signature or other aut	thority over a	30		
	inancial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a		Х
b	if 16s, enter the name of the foreign country		IIK		300
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR).	Tax I	305	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tay shelter transaction	002	5b		X
G	and the original file (original file) or (original file) or (original file)		5c		
	any contributions that were not tax deductible as charitable contributions?	organization solicit	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	s or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was i	required			
d	# *Ven * Indicate the		7c		Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	7d	-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ract?	7e 7f		_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the	Sintu	Silio	TATE
	sponsoring organization have excess business holdings at any time during the year?	***************************************	8		
9	Sponsoring organizations maintaining donor advised funds.	10.10.00.00.00.00.00.00.00.00.00.00.00.0	707	J. B.	50
a	Did the sponsoring organization make any taxable distributions under section 4966?	***************************************	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b		
10	Section 501(c)(7) organizations. Enter:	-		E .	
a	#뉴실보석과 [[[:[: [: [: [: [: [: [: [: [: [: [: [:	0a	Ris	CO.	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	06		1	
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		00		
b	Gross income from members or shareholders Gross income from other sources, (Do not net amounts due or paid to other sources against	1a			
	amounts due or meeting from the color		2017		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-	1D		1030.1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		10.00
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	20			
а	Is the organization licensed to issue qualified health plans in more than one state?	1	120		
	Note: See the instructions for additional information the organization must report on Schedule O.		13a	5250	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		131		
	organization is licensed to issue qualified health plans	Bb	331		
C	Enter the amount of reserves on hand				
4d	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
5	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or			
	excess parachute payment(s) during the year?		15		X
	" res, see the instructions and life Point 4720, Schedule N.	- 1			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X
	If "Yes," complete Form 4720, Schedule 0.	2002			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activiti that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	es	17		
11	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 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 MARVIN THOMPSON - (872) 333-5199 1515 E 52ND PLACE, THIRD FLOOR, CHICAGO, 60615

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an offlioer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual Inustee or Grector	institutional trustee	Officer	when player	Highest compensated employee	fermer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHANNYN PARKER CEO	40.00			х				76,970.	0.	0.
(2) TRACY BAIM INTERIM CO-CHAIR	4.00	x		х				0.	0.	0.
(3) KIM HUNT INTERIM CO-CHAIR	4.00	х		х				0.	0.	0.
(4) LILLY WACHOWSKI TREASURER	4.00	x		х				0.	0.	0.
(5) MICHELLE ZACARIAS SECRETARY	4.00	х		х				0.	0.	0.
(6) JOSIE LYNNE PAUL DIRECTOR	4.00	х						0.	0.	0.
(7) CRISPIN TORRES DIRECTOR (8) KATIE METOS	4.00	x						0.	0.	0.
DIRECTOR	4.00	х						0.	0.	0.
(9) MYLES BRADY DAVIS DIRECTOR	4.00	x						0.	0.	0.
(10) DR. PAVIELLA FOSTER DIRECTOR	4.00	х						0.	0.	0.
(11) BRIAN THOMPSON DIRECTOR (12) MALIYAH ARNOLD	4.00	x						0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0.

332007 12-21-23

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than or box, unless person is both efficer and a director/truste						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun	ted t of
	(list any hours for related organizations below line)	Individual truster or director	in schuhonel trustee	Officer	Key employee	Highest compensated emplayee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	' ·	ompens from to organization and relation	ation he ition ited
							-			+		
					-		+			+		
				1								
				_								
		4				1				_		
1b Subtotal		.,				_	+	76,970.	0			0.
c Total from continuation sheets to P	art VII, Section A							0.	0			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to the	se I	isted	abo	ve)	who	rece	76 , 970 . eived more than \$100,0	00 of reportable	٠ـــــــــــــــــــــــــــــــــــــ		0.
compensation from the organization										Ret	Yes	No.
3 Did the organization list any former or										12		
line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is t	for such individual	200	nnor	and i						3		Х
and related organizations greater than	\$150,000? If 'Yes."	con	nper	e Sc	her	freler.	Lfor	compensation from the	e organization	4		x
 Did any person listed on line 1a receiv 	e or accrue compens	atio	n fro	m a	ny u	inrela	ated	organization or individu	al for services	4		-
rendered to the organization? If "Yes. Section B. Independent Contractors	complete Schedule	J fo	suc	h pe	rso	n			***************************************	5		Х
Complete this table for your five higher	st compensated inde	pen	dent	con	trac	tors	that	received more than \$1	00 000 of company	otion (_
the organization. Report compensation	n for the calendar yea	ir er	ding	with	n or	with	in th	e organization's tax ve	ar.	auon I	ioni	
(A Name and busi) ness address							(B) Description of se			(C) ensation	
DELAUTER DEVELOPMENT I	NC., 500 CC	VE	TU	RY			re	NSTRUCTION/				2

	ONSTRUCTION/RENNOVA	Compensation
17 DARE, 11 00014	ION	213,613.
BARON HARRIS HEALEY, 225 WEST WASHINGTON, SUITE 2200, CHICAGO, IL 60606	EGAL FEES	190,918.
1940 E 79TH ST., CHICAGO, IL 60649	ONSTRUCTION/RENNOVA	150,000.
SIKICH LLP, 1415 W. DIEHL RD, SUITE 400, NAPERVILLE, IL 60563	CCOUNTING FEES	142,358.

Form 990 (2023)

\$100,000 of compensation from the organization

_		Check if Schedule O	cont	ains a res	ponse	or note to any lin	e in this Part VIII		***************************************	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$ 52	1 a	Federated campaigns		16					EN EN INTERN	OSCHOLOGIC GT
E a	b				_					The state of the s
9		Fundraising events								
#1		and the second of the second o		The same of the same	_					
S, G		Government grants (cont			_	556,481.				
Sign		All other contributions, gifts,				,				W. C.
pet		similar amounts not include			1,	059,925.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in			\$	35,697.				
88		Total. Add lines 1a-1f					1,616,406.			
					П	Business Code			BURNING BUSINESS	
8	2 a	PANEL AND TRA	IN	ING F	EE	900099	18,820.	18,820.		
Program Service Revenue	b) <u>-</u>								
SE	c	E								
am eve	d	(<u> </u>								
59	е									
à	f	All other program service	rever	nue						
	g	Total, Add lines 2a-2f		44040000000			18,820.	MI OLE EST		
	3	Investment income (inclu-	ding o	dividends	intere	st, and				
		other similar amounts)		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,029.			1,029.
	4	Income from investment	of tax	exempt t	ond p	roceeds				
	5	Royalties	· ·							
				(i) Re	and the same of	(ii) Personal				
	6 a	Gross rents	6a	5,9	75.					
	b	Less: rental expenses	6b		0.					
	C	Rental income or (loss)	6c	5,9	75.					
- 1	d	Net rental income or (loss)				5,975.	5,975.		
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other			O LONG CANAL	
		assets other than inventory	7a							
267	b	Less: cost or other basis	П							
92		and sales expenses	7b							
Ne l		Gain or (loss)	7c						MEER NEW YORK	
ther Revenue	d	Net gain or (loss)								
	8 a	Gross income from fundraisi	ng eve	ents (not						
0		including \$					E/STORESON			
		contributions reported on								
	- 82	Part IV, line 18			8a					
		Less: direct expenses								
		Net income or (loss) from								
	9 a	Gross income from gamin							MATERIAL DESIGNATION OF THE PARTY OF THE PAR	
	27	Part IV, line 19	771175		9a					
		Less: direct expenses					D. F. S. LEWIS			L
		Net income or (loss) from			es					
	10 a	Gross sales of inventory, I								
	le:	and allowances	*******		10a					
- 4		Less: cost of goods sold							and the second	1 (n e 20)
	C	Net income or (loss) from	sales	or invent	ory .	Puninger Co. 4				
Sn	44 =	INSURANCE CLA	тм			Business Code	275 072	275 272		
neo Tre	11 a	THOURANCE CLA	TH			900099	275,073.	275,073.		
lla ven	ь		_		_					
Miscellaneous Bevenue	C	All other revenue			_					
Z	a	All other revenue					275 072			
	10	Total Add lines 11a-11d				1	275,073.	200 050	_	1 222
22000	- 21	Total revenue. See instruction	ils .			Д	,917,303.	299,868.	0.	1,029.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 76,970. 76,970. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 774,636. 348,833. 298,062. 127,741. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 95,960. 47,980. 33,586. 14,394. Payroll taxes 10 79,882. 39,941. 27,959. 11,982. Fees for services (nonemployees): a Management 37,365. 18,683. 13,077. 5,605. Legal _____ 273,069. 136,535. 95,574. 40,960. 179,402. Accounting 89,701. 62,791. 26,910. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch ().) 74,548. 37,273. 26,092. 11,183. Advertising and promotion 17,309. 12 8,655. 6,058. 2,596. Office expenses 44,534. 13 44,534. Information technology 14 56,975. 28.488. 19,941. 8,546. 15 Royalties 16 Occupancy 17 Travel 52,558. 26,280. 18,396. 7,882. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 166,262. 22 166,262. Insurance 26,943. 23 26,943. 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.) PROGRAM RELATED 227,050. 227,050. b PROPERTY TAX 79,381. 79,381. CLEANING AND MAINTENANC 40,812. 40,812. DEVELOPMENT 38,770. 38,770. e All other expenses 114,131. 58,104. 49,579. 6,448. Total functional expenses. Add lines 1 through 24e 2,456,557. 1,135,968. 1,017,572. 303,017. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

_	_	Check if Schedule O contains a response or no	ote to any	line in this Part X		,,,,,,,,,,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	********		82,464.	1	116,382
	2	Savings and temporary cash investments			1,150,330.	2	643,543
	3	Pledges and grants receivable, net	************	***************************************		3	
	4	Accounts receivable, net			663,992.	4	268,441
	5	Loans and other receivables from any current of	or former o	fficer, director,			
		trustee, key employee, creator or founder, sub-				1085	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					The National Value
	95.11	under section 4958(f)(1)), and persons describe				6	
STS	7	Notes and loans receivable, net				7	
ASSets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			16,769.	9	51,057
	10a	Land, buildings, and equipment: cost or other		0 750 040			
		basis. Complete Part VI of Schedule D	10a	2,768,012.			
		Less: accumulated depreciation	10b	343,133.	2,220,789.	10c	2,424,879
	11	Investments - publicly traded securities			11	21,642	
	12	Investments · other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	0.10 22222			13	
	14	Intangible assets	**********		67 450	14	CE 150
	15 16	Other assets. See Part IV, line 11			67,450.	15	67,450
	17	Total assets. Add lines 1 through 15 (must equ	Jai line 33)		4,201,794.	16	3,593,394
	18	Accounts payable and accrued expenses			103,030.	17	35,292
	19	Grants payable		18			
- 1	20	Deferred revenue		19			
	21	Tax-exempt bond liabilities	Part IV of	Sebadula D		20	
	22	Loans and other payables to any current or for			Even No. of the last of the la	21	
Liabilities		trustee, key employee, creator or founder, subs					
0		controlled entity or family member of any of the				22	
3	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third par	rties		24	
- 1	25	Other liabilities (including federal income tax, pa					
- 1		parties, and other liabilities not included on line					
- 1		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			105,898.	26	35,292.
		Organizations that follow FASB ASC 958, che		X		THE ST	A STATE OF THE STATE OF
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.				Sign .	
ᇤ	27	Net assets without donor restrictions		*******************************	3,865,896.	27	3,393,102.
ng	28	Net assets with donor restrictions	***************************************	230,000.	28	165,000.	
§		Organizations that do not follow FASB ASC 9		ESE III			
		and complete lines 29 through 33.					
13 6	29	Capital stock or trust principal, or current funds		***************************************		29	
226	30	Paid-in or capital surplus, or land, building, or e				30	
5	31	Retained earnings, endowment, accumulated in				31	
2	32	Total net assets or fund balances	***********		4,095,896.	32	3,558,102.
	33	Total liabilities and net assets/fund balances	aanu kaanu		4,201,794.	33	3,593,394.

Both consolidated and separate basis

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

X

X

3a

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BRAVE SPACE ALLIANCE 84-4538090 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) Yes above (see instructions) No

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar 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 include any "unusual grants.")		2822035.	4718951.	2299566.		11456958.
2	Tax revenues levied for the organ- ization'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		2822035.	4718951.	2299566.	1616406.	11456958.
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)						63,278.
	Public support. Subtract line 5 from line 4.	Carrier I					11393680.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		2822035.	4718951.	2299566.	1616406.	11456958.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			226.	8,148.	7,004.	15,378.
	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.)			52,366.	17,489.	293,893.	363,748.
11	Total support. Add lines 7 through 10					3.5 N=3 L =	11836084.
12	Gross receipts from related activities, e	etc. (see instructi	ions)		0011048301108888444106448	12	18,820.
	First 5 years, If the Form 990 is for the organization, check this box and stop ction C. Computation of Public	기타지 어디지 하는데 없는데 이번 모임에 되었다.				SC 1.4 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5 (4.5 (4	[X]
	Public support percentage for 2023 (lin					14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the or stop here. The organization qualifies a	rganization did n	ot check the box or	line 13, and line 1		ore, check this box	x and
b	33 1/3% support test - 2022. If the or			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
25	and stop here. The organization qualif						
17a	10%-facts-and-circumstances test- and if the organization meets the facts meets the facts-and-circumstances tes	and-circumstand	ces test, check this	box and stop her	re. Explain in Part		Section Control of the Control of th
b	10% -facts-and-circumstances test more, and if the organization meets the	- 2022. If the or	ganization did not c mstances test, chec	heck a box on line ok this box and st	13, 16a, 16b, or 1 op here. Explain in	Part VI how the	10% or
	organization meets the facts-and-circum						
	Private foundation. If the organization	all all most reference or	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	: - : : : : : : : : : : : : : : : : : :			

332022 12-21-23

Schedule A (Form 990) 2023 BRAVE SPACE ALLIANCE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		-					
V 50 00.554153					-		
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total
Amounts from line 6 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							
c 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.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
check this box and stop here							
Section C. Computation of Public							
15 Public support percentage for 2023 (lin	아이지 모든 어디에 가게 다니다.	: [- [- [- [- [- [- [- [- [- [olumn (f))		15		9
16 Public support percentage from 2022 : Section D. Computation of Invest	CHARLEST COMMON THROUGH THE PARTY.	THE RESERVE OF THE PERSON NAMED IN			16		
			10 column (f))		42		
 17 Investment income percentage for 20 18 Investment income percentage from 2 					17	-	9
19a 33 1/3% support tests - 2023. If the						% and line 17	
more than 33 1/3%, check this box and						ro, and me ir	
	organization did r	not check a hox on	line 14 or line 19a	and line 16 is mo	re tha	n 33 1/3% or	nd
b 33 1/3% support tests - 2022. If the						[[[[] [[] [] [] [] [] [] [] [] [] [] []	

Part IV Supporting Organizations

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

	And the second s	_	Yes	No
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		198	1
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
4	Did the organization have any supported organization that does not have an IRS determination of status			232
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			11/2
3a	organization was described in section 509(a)(1) or (2).	2		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	1		233
h		3a		
~	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		14	100
	organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b	100	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? //	3C	100000	1535
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44	1000	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	10		100
	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)	N SI		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Sin i		
	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		1	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		149	
	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		35	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			100
7		6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		385	200
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	LIDAN SI		
8	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?	7		
•	If "Yes," complete Part I of Schedule L (Form 990),			- 1
Эа	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		3 1
3356 J.	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.	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		- 8
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	90		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
)a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		37	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	100		

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Schedule A (Form 990) 2023

determine whether the organization had excess business holdings.)

	rt IV Supporting Organizations (continued)	4-453809	0 P	age s
11	Has the expenientian assessed at the		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		Mag.	III.
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			THU!
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a		2171
c	A 35% controlled entity of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	28/2/28		
Sec	tion B. Type I Supporting Organizations	11c		
-	NAME OF THE PROPERTY OF THE PR		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's official capacity, or the organization's official capacity, 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 support 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.	ers,		
ী	Did the organization operate for the benefit of any supported organization other than the supported			(July
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1500 500	1943	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			11	722
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	A STATE OF	188	
	or management of the supporting organization was vested in the same persons that controlled or managed		1000	
	the supported prognization(s)			
Sec	tion D. 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			
	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	838210		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	(Edito		
3	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	W. 162	Told	
	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	22700		
Sect	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc-	tions).		
а	ine 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 instructions	s).	
	Activities rest. Answer lines 2a and 2b below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1507
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		(Car	Sin's
	those supported organizations and explain how these activities directly furthered their exempt purposes,	225		
	how the organization was responsive to those supported organizations, and how the organization determined	36 1 2 1		
h	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,		BO	Blic
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			701
	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.			
	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		_
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			99
177	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		100	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
- 30	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			-
32025	12-81-83	3b		

0	William Asset Amount (add line) to line of	- 0		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated Type	III supporting orga	nization (see

7

0

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7

Recoveries of prior-year distributions

Minimum Acost Amount Iadd line 7 to line (1)

instructions)

Sec	art V Type III Non-Functionally Integrated 509 tion D - Distributions	- Charles and the control of the con	inizations (contin		0
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		1.	Current Year
2	Amounts paid to perform activity that directly furthers exem	of purposes of supported		1	
	organizations, in excess of income from activity	be beingoses of supported			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization		2	
4	Amounts paid to acquire exempt-use assets	or supported organizations		3	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VII		5	
6	Other distributions (describe in Part VI). See instructions.	STATE SECURE III Y CIT VIII		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	V.	+ +	
	(orovide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount				
		(i)	/::\	10	-
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	SAME SERVICE AND ADDRESS.		N. Table	
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.			- 3	
3	Excess distributions carryover, if any, to 2023			SUPER I	
а	From 2018				
b	From 2019		med and meaning		
c	From 2020	THE TOUR SHOW THE			
d	From 2021			I Later	
0	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	TOTAL DESIGNATION OF THE PARTY			
h	Applied to 2023 distributable amount		Description of	200	
i	Carryover from 2018 not applied (see instructions)			289	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,			9000	
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount		I STANIE JAMES I	RESERVED IN	
c	Remainder, Subtract lines 4a and 4b from line 4.		Wilder Constitution		STATE OF THE PARTY OF
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			101	
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h		GENERAL STATE	11113	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			10	
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
В	Breakdown of line 7:	A STREET FREE STREET	Mary Control of the		
a	Excess from 2019		HEROTE HOME OF		W. S. College
b	Excess from 2020				
C	Excess from 2021				
11.7	Excess from 2022				The state of the s
0	Excess from 2023				

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