WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

CENTER FOR CLT INNOVATION, INC. 3146 BUENA VISTA STREET MADISON, WI 53704

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### Form **990-EZ**

## \*\* PUBLIC DISCLOSURE COPY \*\* Short Form

# Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

			endar year, or tax year beginning		, 2022,	and ending			
В	Check if applicat	ole:	C Name of organization				D Emplo	yer i	dentification number
F	=	ddress change CENTER FOR CLT INNOVATION, INC.						2 (	858933
F	=	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>E</b> Telep							
F									3 <b>4</b> 7-5687
F	=	terminated 3140 BUENA VISTA STREET 0							
F	=	nded return					F Group		mption
		ation pending					Numb		
		nting Meth					H Check		if the organization is
	Websi	_	WW.CLTWEB.ORG	<u> </u>				-	d to attach Schedule B
			us (check only one) — X 501(c)(3) 501(c) ( ) (insert no.)		947(a)(1)	or 527	(Form	1 990)	).
		-	<u> </u>	Other			_		
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or			•		_	74 601
	columi	n (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund	Bala	nooc	/a.a. tla.a i.a.at		\$ Davi	74,601.
P	art I	_				•			· —
_			if the organization used Schedule O to respond to any question in this Part I						73,104.
	1		tions, gifts, grants, and similar amounts received					1	/3,104.
	2		service revenue including government fees and contracts					2	
	3		ship dues and assessments					3	
	4		nt income	ı	 I			4	
	5a		nount from sale of assets other than inventory	l					
	b		st or other basis and sales expenses	5b					
	C	,	•					5c	
	6								
ē	a		come from gaming (attach Schedule G if greater than		ı				
Revenue				6a					
ě	b	Gross ind	come from fundraising events (not including \$	of co	ntribution	IS			
_		from fun	draising events reported on line 1) (attach Schedule G if the sum of such						
		gross inc	ome and contributions exceeds \$15,000)	6b					
	C		ect expenses from gaming and fundraising events	6c					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract li	ne 6c)			6d	
	7a	Gross sa	les of inventory, less returns and allowances	7a		1,3	73.		
	b	Less: cos	st of goods sold SEE SCHEDULE O	7b			75.		
	C	Gross pr	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c	-502.
	8		renue (describe in Schedule 0)					8	124.
_	9		<b>enue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	72,726.
	10		nd similar amounts paid (list in Schedule O)					10	
	11	Benefits	paid to or for members				L	11	
S	12		other compensation, and employee benefits					12	
us	13		onal fees and other payments to independent contractors					13	46,424.
Expenses	14	Occupan	cy, rent, utilities, and maintenance					14	
Ш	15	Printing,	publications, postage, and shipping					15	
	16	Other exp	penses (describe in Schedule 0)	E S	CHED	ULE O		16	3,446.
_	17	Total exp	penses. Add lines 10 through 16					17	49,870.
"	18	Excess o	r (deficit) for the year (subtract line 17 from line 9)				<u>L</u>	18	22,856.
sets	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))						
As		(must ag	ree with end-of-year figure reported on prior year's return)				L	19	34,302.
Net Assets	20	Other cha	anges in net assets or fund balances (explain in Schedule 0)				<u>L</u>	20	0.
_	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20					21	57,158.
LH	A For	Paperwoi	k Reduction Act Notice, see the separate instructions.						Form <b>990-EZ</b> (2022)

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Page 2

Part II	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any question	n in this Part II			<u></u>	X
			(A) Beginning of year		( <b>B</b> ) E	nd of yea	
<b>22</b> Cas	sh, savings, and investments		34,841.	22		3,	530.
<b>23</b> Lan	d and buildings			23			
<b>24</b> Oth	er assets (describe in Schedule 0) SEE SCHEDULE O		0.				980.
25 Tota	al assets		34,841.			57,	510.
26 Tota	al liabilities (describe in Schedule 0) SEE SCHEDULE O		539.				352.
27 Net	assets or fund balances (line 27 of column (B) must agree with line 21)		34,302.	27		57,	158.
Part II	Statement of Program Service Accomplishmen	<b>its</b> (see the instruct	,			kpenses	
	Check if the organization used Schedule O to resp		n in this Part III		(Required 501(c)(3)		
What is the	e organization's primary exempt purpose? SEE SCHEDULE O	<u> </u>			organizatio		
	e organization's program service accomplishments for each of its three largest program se		. In a clear and concise		others.)		
	cribe the services provided, the number of persons benefited, and other relevant information	tion for each program title.					
28 <u>SEE</u>	SCHEDULE O						
				_			
(Gran	nts \$ 0 • ) If this amount includes foreign of	grants, check here		2	28a	<u>37,</u>	<u>956.</u>
29							
				_			
(Gran	nts \$ ) If this amount includes foreign of	grants, check here		2	29a		
30				_			
				—			
			Г	<u> </u>			
(Gran	, ,	grants, check here			30a		
				— l			
(Gran	, , , , , , , , , , , , , , , , , , ,				31a	27	956.
Part IV	I program service expenses (add lines 28a through 31a)  / List of Officers, Directors, Trustees, and Key E	mnlovees			32	31,	956.
Partiv	Check if the organization used Schedule O to resp			e the ins	tructions to	r Part IV)	X
	Check if the organization used Schedule O to resp	1			th benefits,		
	(a) Name and title	(b) Average hours per week devoted to	compensation (Forms	contrib	utions to	1 ' '	timated of other
	(a) Name and title	position	W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	olans, ar	ee benefit nd deferred	1	nsation
ח ש ש ש ש	ESA WILLIAMSON	1	(ii not paid, enter -0-)	compe	ensation	<u> </u>	
DIREC		1.00	0.		0.		0.
	VARNAI	1.00	-				
DIREC		1.00	0.		0.		0.
	Z SMITH	1,00					
DIREC		1.00	0.		0.		0.
	SMITH					<b>†</b>	
DIREC		1.00	0.		0.		0.
	DLGA JULIA PACHECO						
DIREC		1.00	0.		0.		0.
	NEWPORT						
DIREC		1.00	0.		0.		0.
	KA GOETSCHIUS						
DIREC		1.00	0.		0.		0.
	DE PAUW						
DIREC		1.00	0.		0.		0.
	NEWPORT						
DIREC		1.00	0.		0.		0.
	JOHN WHITFIELD						
	CTOR (THRU MID-JULY)	1.00	0.		0.		0.
	EMMEUS DAVIS						
PRESI	DENT	4.00	0.		0.		0.
LINE	ALGOED						
VICE-	PRESIDENT	1 2.00	0.		0.		0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

So Die the organization engage in any significant activity not previously reported to the IHSP II Yes, provide a detailed description or each archive in Schedule 0.  33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X		
actively in Schmidter C  4 Were any spiralizant changes made to the organization of operating documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  35 In the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time \$2, 6), and 72, among others.  35 In "Yes" to line 35, has the organization filted a form 990-1 for the year? If "No", provide an explanation in Schedule O  35 In "Yes" to line 35, has the organization filted a form 990-1 for the year? If "No", provide an explanation in Schedule O  35 In "Yes" to line 35, has the organization filted a form 990-1 for the year? If "No", provide an explanation in Schedule O  36 In the organization anderso a linelization, dischalization, dischal				Yes	No		
34 Were any significant changes made in the organization amon Chemotics, epiliar the Change on School Cools which the Profest of about the the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35 If I'ves's time the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 If I'ves's time the organization and programment of the vear? I'Tho,' provide an explanation in Schedule 0  37 In the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If I'ves,' complete Schedule PLO (104), 50	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each					
34   We any significant changes made to the organization of governing documents? If Yes, "attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schule (0. See instructions		activity in Schedule O	33		Х		
35a Diff the organization Review unveilated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 10s, and 72 a, mong others)?  5 Was the organization as section \$01(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6032(4) motion, reporting, and proxy tax requirements before group in the section \$10(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6032(4) motion, reporting, and proxy tax requirements for during the year? If yes, complete Section (4), part III is a section of the organization and proxy tax requirements for indirect, as described in the instructions  7 a Interval and the organization in Form 1190-DU for this year.  8 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU for this year.  9 Did the organization for Form 1190-DU form 11	34						
on lines 2, Sat, and 7a, among others)?  b If Vest 1 bins 35b, has the organization filed a form 990-T for the year? If Via; "provide an explanation in Schedule 0  Was the organization a section 601(c)(4), 501(c)(5), or 601(c)(6) or granization subject to section 6033(e) notice, reporting, and proxy tax  78 purples applicable parts of Schedule 0, Part III  79 a Duit the organization under por a liquidation, dissolution, dismination, or significant disposition of not assests during the year? If Yes; complete applicable parts of Schedule 0, Part III  79 a Cinter amount of political expenditures, direct or indirect, as described in the instructions  70 a Cinter amount of political expenditures, direct or indirect, as described in the instructions  70 b If the organization the Form 1120-PDL for this year?  71 a Mark 2 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  72 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  73 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  74 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  75 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  76 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  77 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  78 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  79 b If Yes; complete Schedule 1, Part II, and enter the total amount involved  70 b If Yes in year and stall outstanding at the end of the tax year covered by this return?  80 b If Yes in year and stall outstanding at the end of the tax year covered by this return in the year under schedule 1, Part II, and enter the total amount of tax end year under schedule 1, Part II, and enter the total amount of tax end year under schedule 1, Part II, and enter the total end year, or did the engaginations. All the year under schedule 1, Part II, and enter the year of the schedule 1, Part		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х		
b If Vest to line 35s, has the organization fleed a form 990-1 for the year? If Veg. provides an equilaration is Schedule 0.  Visa the organization a section 501(c)(4, 501(c)(5), or 501(c)(6) organization subject to section 603(s) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule 0, Fart III  37b Did the organization and expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37b Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.  37c Inter amount of political expenditures of the instruction of	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported					
b If Yes' to line 354, has the organization field a Form 990-1 for the year? If 'No', provide an explanation in Schedule 0		on lines 2, 6a, and 7a, among others)?	35a		Х		
requirements during the year? If "Yes," complete Schedule C, Part III  86	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the system with buttle during the case sheeth time store amount of tax imposed on organization. State states with which a copy or this return's filed a prior prairations. State with which a copy or this return's lifed a prior prairations brokes are in case of KRAPTIGER ACCOUNTING SERVICE   Telephone no. 60.8-516-6109   Xa Tay time during the calendar year, did the organization maintain any donor advised funds during the year; off the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ   Vest to line 446, has the organization managers or indoor tarning services during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ   Vest to line 446, has the organization managers or line or payments for indoor tarning services during the year; off vest to line 446, has the organization maintain manager and controlled entity within the meaning of section 4512   Vest to line 446, has the organization and prior part financial Accounts (FBAR).   Vest to line 446, and the organization maintain any office organization and the organization and the organization and the completed instead of Form 990-EZ   Vest to line organization and prior year financial account in a form year that has not been reported on any of its prior forms 990 or 190-EZ   Vest Year, complete Schedule L. Part I   Vest with the organization of the organization or	C						
as a philicable parts of Schedule N  27 a Enter amount of political expenditures, direct or indirect, as described in the instructions  28 b) Did the organization file Form 1120-POL for this year?  38 b) Under organization file Form 1120-POL for this year?  38 b) Under organization file Form 1120-POL for this year?  38 b) Under organization file Form 1120-POL for this year?  38 b) Under organization file Form 1120-POL for this year?  38 b) Under organization file Form 1120-POL for this year?  39 b) Fores; complete Schedule L, Part II, and enter the total amount involved  38 b) N/A  38 c) X  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  39 c) N/A  39 c) Gross receipts, included on line 9, for public use of club facilities  40 c) section 491 c) Gross receipts, included on line 9, for public use of club facilities  40 c) section 491 c) Gross receipts, included on line 9, for public use of club facilities  40 c) section 501(c)(3), 501(c)(4), 40 d 501(c)(29) organizations. Enter amount of fax section 491 c) and section 491 c)							
87a Enter amount of political expenditures, direct or indirect, as described in the instructions 87b 0 the organization life Form 1120-POL for fits year?  87b 10 the organization life Form 1120-POL for fits year?  87c 11 the organization for the organization for the activity of the tax year, covered by this return?  87b 11 the organization for some dispation contributions included on line 9  87c 11 the organization for some dispation contributions included on line 9  87c 11 the organization for some dispation contributions included on line 9  87c 12 the organization for some dispation contributions included on line 9  87c 12 the organization for some dispation organization during the year under; section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 lifes; complete Schedule L, Part I.  8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons diring the year under sections 4912, 496, and 4958  9 C. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons diring the year under sections 4912, 496, and 4958  9 C. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-I  10 List the states with which a copy of this return is filed WI  11 List the states with which a copy of this return is filed WI  12 List the states with which a copy of this return is filed WI  13 Ara yitine during the calendary year, did the organization have an interest in or a signature or other aumontry over a financial account in a foreign country (such as a ban	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"					
b bit the organization for Form 1120-POL for this year?  8 a bit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  8 b If "Nex," complete Schedule I., Part II., and enter the total amount involved  8 Section 501 ((x)) regnarizations. Enter:  9 a Initiation fees and capital contributions included on line 9  9 b Gross receipts, included on line 9, for public use of cub facilities  9 b Gross receipts, included on line 9, for public use of cub facilities  9 b Section 501 ((x)) organizations. Enter amount of tax imposed on the organization during the year under.  9 section 501 ((x)), 501 ((x)), 401 ((x)) organizations. Did the organization during the year under.  9 section 501 ((x)), 501 ((x)), 401 ((x)), 4					X		
38a Dit the organization horrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b N/A  38 Section 501(c)(7) organizations. Enter:  38a N/A  39 Section 501(c)(3) organizations. Enter:  39a N/A  40 A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of the section 4911  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, of tils prior Forms 990 or 990-EZ in 19a, and section 4912  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of the region of the organization engage in any section 4956 excess benefit transaction during the year of the region of the prior year that has not been reported on any of its prior Forms 990 or 990-EZ if 1"\sets. complete Schedule L, Part I  40b X  40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of situations of the sets with which a copy of this return is filed  41 List the states with which a copy of this return is filed  42 The organizations blooks are in care of KRATTIGER ACCOUNTING SERVICE transparent transaction? If "Yes," complete Form 886-T  41 List the states with which a copy of this return is filed  42 The organization and the organization thave an interest in or a signature or other authority over a financial account in a foreign country  43 Section 494(a) 10 exceeming the calendar year, did the organization thave an interest in or a signature or other authority over a financial account in a foreign country  43 S			_				
in a prior year and still outstanding at the end of the tax year covered by this return?  a Initiation fees and capital contributions included on line 9  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9   39a   N/A    b Gross receipts, included on line 9   59a   N/A    b Gross receipts, included on line 9   7.			37b		X		
b II "Yes," complete Schedule L, Part II, and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  199a N/A  390 Section 501(c)(3) organizations. Enter:  290  N/A  391 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  201 section 4911	38 a						
Section 501(c)(7) organizations. Enter a intation fees and capital contributions included on line 9			38a		X		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  as Eaction 4911  O.; section 4912  O.; section 4912  O.; section 4915  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 6911 (1) (2) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction for profession 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If 'Yes,' complete form 8886-1  List the states with which a coupy of this return is filled WI  List the states with which a coupy of this return is filled WI  List the states with which a coupy of this return is filled WI  Located at 8676 MINERAL POINT ROAD, CROSS PLAINS, WI  DAY To organization to a fill 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 accounts (FBAR).  A tany 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  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  A tany time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the n			-				
b Gross receipts, included on line 9, for public use of club facilities    40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911    0		27 / 2					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	a		-				
section 4911			-				
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization with a copy of this return is filled with transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filled with the states with which a copy of this return is filled with the states with which a copy of this return is filled with the organization books are in care of the organization and the properties of the organization and the properties of the organization and the properties of the organization and the organization maintain an ordice outside the United States?  1 H "Yes," enter the name of the foreign country Sec the instructions for exceptions and filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2 Exclusive the parame of the foreign country organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ and the organization receive any payments for indoor famining services during the year?  2 If "Y	40 a						
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								Yes	No
	organization engage, directly or indirectly, in complete Schedule C, Part I				•		. 46		Х
Part VI	Section 501(c)(3) Organization						.   40		
	All section 501(c)(3) organizations mus	-	-49b and 52, and	d complete the ta	bles for lines	s 50 and 51			
	Check if the organization used Sched	· ·							
	-							Yes	No
47 Did the	organization engage in lobbying activities or	have a section 501(h) elec	ction in effect durin	ng the tax year?					
If "Yes,"	complete Sch. C, Part II						. 47		X
<b>48</b> Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," (	complete Schedule	Ε			48		Х
	organization make any transfers to an exemp								Х
	was the related organization a section 527 o							<del> </del>	
-	te this table for the organization's five highes		•	rs, directors, truste	es, and key er	nployees) wi	no each re	ceived i	nore
tnan \$1	00,000 of compensation from the organization			hours (a)		(d) Health be	nofito /	a) Eatin	notod
	(a) Name and title of each employ	'ee	(b) Average	unted to compé	Reportable ensation (Forms	contribution employee be	ns to	<b>e)</b> Estim nount of	
	N	ONE	positio	W-2	/1099-MISC/ 099-NEC)	plans, and de	ferred	ompens	
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<b>51</b> Comple	umber of other employees paid over \$100,000 te this table for the organization's five highes	t compensated independe			<b>0</b> re than \$100,0	000 of compe	ensation f	om the	
	ation. If there is none, enter "None." <b>N</b> o Name and business address of each indeper	ONE ndent contractor		<b>(b)</b> Type o	f service		(c) Comp	ensatio	n
<b>d</b> Total ni	umber of other independent contractors each	receiving over \$100,000				<u> </u>			0
	organization complete Schedule A? Note: Al	•	zations must attach	1 a	-				
complet	ted Schedule A						X	es 🗌	No
Under penalti	es of perjury, I declare that I have examined	this return, including acco	mpanying schedul	es and statements,	and to the bes	st of my knov	wledge an	d belief,	it is
rue, correct,	and complete. Declaration of preparer (other	than officer) is based on a	all information of w	vhich preparer has a	any knowledge	e			
	Cianatura of officer					Date			
Sign Here	Signature of officer					Date			
пеге	GREG ROSENBERG, CO	ORDINATOR							
		Drone		Doto	Chaol	□ it love	<b>.</b>		
	Print/Type preparer's name	Preparer's signature		Date	Check self- emplo	if PTII	V		
Paid	DDIIGE MAYED CDA	DDIIOE MASSE	ים מי	10/20/22		·	0010	7100	
Preparer	Lirm's name TITICATED ODA	BRUCE MAYE	K, CPA	10/20/23	•		00187 09740		
Use Only	Firm's name WEGNER CPAS Firm's address 2921 LANDM		300		Firm's EIN			$\frac{131}{1-40}$	2 N
	Firm's address 2921 LANDMARK PL STE 300 Phone no. (608 MADISON, WI 53713-4236								<u> </u>
May the IDC	discuss this return with the preparer shown a		<u> </u>				X	/ac	No
way alle INS (	aisouss uns rotain with the preparet Showil a	2110117011191119119119119119119						990-EZ	_
							1 01111	300 LZ	12022

#### SCHEDULE A

(Form 990)

Total

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. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

CENTER FOR CLT INNOVATION, 84-3858933 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	7.	· .	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	,	, ,	`,'	`,'	. ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")		17,507.	16,000.	52,501.	73,104.	159,112.	
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		17,507.	16,000.	52,501.	73,104.	159,112.	
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)						111,388.	
6	Public support. Subtract line 5 from line 4.						47,724.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4		17,507.	16,000.	52,501.	73,104.	159,112.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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	<b>Total support.</b> Add lines 7 through 10						159,112.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	11,292.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third, f	ourth, or fifth tax ye	ear as a section 50	01(c)(3)		
	organization, check this box and stop	p here					Х	
Se	ction C. Computation of Publi	ic Support Pe	rcentage					
	Public support percentage for 2022 (I				The state of the s	14	<u>%</u>	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>%</u>	
16a	1 33 1/3% support test - 2022. If the							
	stop here. The organization qualifies as a publicly supported organization							
k	33 1/3% support test - 2021. If the	organization did no	ot check a box on li	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	lifies as a publicly	supported organiza	tion				
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pub	olicly supported or	ganization			
b	10% -facts-and-circumstances test	t - <b>2021.</b> If the org	ganization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	he facts-and-circur	nstances test, chec	k this box and sto	<b>op here.</b> Explain ir	Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	check this box ar			
						Schedule A	(Form 990) 2022	

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** 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.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.
  - **b** 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
1		
2		
За		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
- Ou		
9b		
9с		
40-		
10a		
10b		
100		

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	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.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pal	t v   Type III Non-Functionally integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3_	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion 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-functional	ally integrated	Type III supporting orga	inization (see			
	instructions)			•			

Schedule A (Form 990) 2022

INC.

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>3</b>	3			
4	Amounts paid to acquire exempt-use assets			4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
_6_	Other distributions (describe in Part VI). See instructions.			6			
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
_9_	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
<u>C</u>	From 2019						
d	From 2020						
e	From 2021						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
<u> </u>	Carryover from 2017 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2022. Subtract lines 3h						
0	•						
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.						
7	Excess distributions carryover to 2023. Add lines 3						
'	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

C:	ENTER FOR CLT INNOVATION, INC.	84-3858933				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one				
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •				

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

CENTER FOR CLT INNOVATION, INC.

84-3858933

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### CENTER FOR CLT INNOVATION, INC.

84-3858933

	TOR CHI IMMOVATION, INC.		<del>1</del> 3030333
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
200450 33 :=		\$	Schedule B (Form 990) (2022)
223453 11-15	-22		Schedule B (Form 990) (2022)

**Employer identification number** 

Name of organization

CENTER FOR CLT INNOVATION, INC. 84-3858933 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR CLT INNOVATION, INC. **Employer identification number** 84-3858933

CENTER FOR CELL INNOVATION, INC.	04 3030333
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF	F INVENTORY:
INCOME:	
1. GROSS RECEIPTS	1,373.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	1,373.
4. COST OF GOODS SOLD (LINE 13)	1,875.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-502.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	1,875.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	1,875.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,875.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	124.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	3,228.
MEMBERSHIPS	210.
MISCELLANEOUS EXPENSE	8.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** CENTER FOR CLT INNOVATION, INC. 84-3858933 TOTAL TO FORM 990-EZ, LINE 16 3,446. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION PLEDGES AND GRANTS RECEIVABLE, NET 0. 53,980. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS PAYABLE AND ACCRUED EXPENSES 539. 352. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE ADVANCEMENT OF EDUCATION IN REGARDS TO COMMUNITY LAND TRUSTS, BOTH IN THE UNITED STATES AND ABROAD, THROUGH BOOK PUBLICATION, SUPPORT FOR ACADEMIC RESEARCH, AND TRAINING FOR NONPROFIT PRACTITIONERS, BOARDS OF DIRECTORS, AND COMMUNITY MEMBERS. THESE EDUCATIONAL EFFORTS WILL INFORM, ENHANCE, AND SUPPORT THE WORK OF COMMUNITY LAND TRUSTS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS SO THAT THEY MAY BETTER ADDRESS THE FOLLOWING GOALS: RELIEF OF THE POOR, THE DISTRESSED, OR THE UNDERPRIVILEGED; LESSENING THE BURDENS OF GOVERNMENT; LESSENING NEIGHBORHOOD TENSIONS; ELIMINATING PREJUDICE AND DISCRIMINATION; DEFENDING HUMAN AND CIVIL RIGHTS SECURED BY LAW; AND COMBATING COMMUNITY DETERIORATION. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE CENTER FOR COMMUNITY LAND TRUST INNOVATION IS A NOT-FOR-PROFIT NONGOVERNMENTAL ORGANIZATION ESTABLISHED IN 2019 TO PROMOTE AND TO SUPPORT COMMUNITY LAND TRUSTS AND SIMILAR STRATEGIES OF COMMUNITY-LED DEVELOPMENT ON COMMUNITY-OWNED LAND

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  CENTER FOR CLT INNOVATION, INC.	Employer identification number 84-3858933		
IN COUNTRIES THROUGHOUT THE WORLD.			
THE CENTER PROVIDES THE FOLLOWING SERVICES: (A) COLLECTING	AND CURATING		
HISTORICAL MATERIALS DOCUMENTING THE ORIGINS AND EVOLUTION	OF THE		
WORLDWIDE CLT MOVEMENT; (B) CONDUCTING, CATALOGING, AND DI	SSEMINATING		
ACADEMIC AND NON-ACADEMIC RESEARCH; (C) PRODUCING CASE STU	DIES,		
DIRECTORIES, GUIDES, AND OTHER EDUCATIONAL MATERIALS; AND	(D) PROVIDING		
TRAINING, REFERRAL, AND TECHNICAL ASSISTANCE FOR ORGANIZER	s and		
PRACTITIONERS WORKING WITH CLTS AND SIMILAR STRATEGIES FOR	THE		
EQUITABLE AND SUSTAINABLE DEVELOPMENT OF PLACE-BASED COMMU	NITIES.		
THE CENTER PUBLISHES BOOKS AND MONOGRAPHS.			
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:		
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,		
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,		
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.			

Page 2

Name of the organization

CENTER FOR CLT INNOVATION, INC.

Employer identification number 84-3858933

CENTER FOR CLT INNOVATION   Part IV   List of Officers, Directors, Trustees, and Key En	rion, inc.		84-38589	33
Part IV List of Officers, Directors, Trustees, and Key En	nployees. List each one ev	en if not compensated. (	see the instructions for	Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRENDA TORPY				
TREASURER	2.00	0.	0.	0.
MARIA HERNANDEZ TORRALES				
SECRETARY	2.00	0.	0.	0.