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IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning , 2023, and ending

OMB No. 1545-0047

Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer OUTDOOR AFRO 47-3094045 RUE MAPP Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1,892,340. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize EVERGREEN ALLIANCE PROFESSIONAL CORP. 94612 to enter my PIN Enter five numbers, but FRO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 30352190720 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. REBECCA CHRISTIANSEN 09/18/24 ERO's signature Date

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2023**Open to Public

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/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning and end	ding	-	
B (heck if pplicable	C Name of organization		D Employer identific	cation number
X	Addres	S OUTDOOR AFRO			
	Name change			47-30940	45
	Initial return	/	om/suite	E Telephone number	
	☐Final return/	1999 HARRISON STREET, 18TH FL 24	144	(510)306	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,052,570.
	Amend	OARDAND, CA 94012		H(a) Is this a group re	
	Application pendin			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u>I 1</u>	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	i '	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o	of formation: 2015 N	1 State of legal domicile: CA
Pä		Summary	ים ג כוכ		EC AND
Se	1	Briefly describe the organization's mission or most significant activities: OUTDOO INSPIRES BLACK CONNECTIONS AND LEADERSHIP	JK AF.	NO CELEBRAT	F2 AND
Governance					
Veri	l	Check this box if the organization discontinued its operations or disposed		ı	13
ဗိ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			12
ø v		Fotal number of individuals employed in calendar year 2023 (Part V, line 2a)			13
iţie		Fotal number of volunteers (estimate if necessary)			120
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Þ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· ·		Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		5,223,411.	1,951,722.
'n	l	Program service revenue (Part VIII, line 2g)		0.	13,470.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	🗀	29,587.	69,595.
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-187,439.	-142,447.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,065,559.	1,892,340.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	275,616.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		935,635.	1,307,630.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	; <u> </u>	0.	0.
Εχρ		Fotal fundraising expenses (Part IX, column (D), line 25) 505,170		1,048,449.	1,211,215.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,984,084.	2,794,461.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,081,475.	-902,121.
-SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		7,105,542.	6,534,877.
Ass Bal	21	l otal assets (Part X, line 16) Total liabilities (Part X, line 26)		134,810.	438,304.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,970,732.	6,096,573.
Pa	rt II	Signature Block		, ,	· · ·
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
Sig		Signature of officer		Date	
Her	e	RUE MAPP, CEO			
		Type or print name and title		N-1-	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		THE COURT ALL TANCE DROPE CO.	0	9/18/24 if self-employe	P01219191
		1000	ORP.	Firm's EIN 8	6-1400078
use	Only	Firm's address 4332 CERRITOS AVE, SUITE A105		D. 71	1 272 0110
		LOS ALAMITOS, CA 90720		Phone no. / 1	4-372-8110
May	/ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUTDOOR AFRO IS A NATIONAL NOT-FOR-PROFIT ORGANIZATION THAT CELEBRATES
	AND INSPIRES BLACK CONNECTIONS AND LEADERSHIP IN NATURE. OUR
	ORGANIZATION AIMS TO EMPOWER MORE BLACK PEOPLE TO ENTER INTO PROMINENT
	LEADERSHIP ROLES WITHIN THE CONSERVATION MOVEMENT, IN OUTDOOR
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,744,635 • including grants of \$ 275,616 •) (Revenue \$ 17,453 •)
-t a	OUTDOOR AFRO HAS BECOME THE NATION'S LEADING, CUTTING-EDGE ORGANIZATION
	THAT CELEBRATES AND INSPIRES BLACK CONNECTIONS AND LEADERSHIP IN
	NATURE. WE ARE A NATIONAL NOT-FOR-PROFIT ORGANIZATION WITH LEADERSHIP
	NETWORKS IN 32 STATES, INCLUDING WASHINGTON, D.C. WITH MORE THAN 100
	VOLUNTEER LEADERS, TRAINED ANNUALLY IN NEARLY 60 CITIES AROUND THE
	COUNTRY, OUR ORGANIZATION CONNECTS ROUGHLY 60,000 PEOPLE ANNUALLY TO
	OUR NETWORK ACTIVITIES AND CAMPAIGN PROJECTS. OUR SIGNATURE MAKING
	WAVES PROGRAM DEPLOYS SUPPORT ANNUALLY FOR OVER 1500 YOUTH AND THEIR
	CAREGIVERS TO LEARN HOW TO SWIM THROUGH SWIM SCHOLARSHIPS ISSUED TO
	CERTIFIED INSTRUCTOR PARTNERS TO HELP ADDRESS THE HISTORIC CRISIS OF
	YOUTH DROWNINGS IN THE BLACK COMMUNITY.
	100111 DROWNINGS IN THE DEACH COMMONITI:
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
1-1	Other pregram continue (Decerbe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,744,635.
4e	Total program service expenses 1,744,635.
	Form 330 (2023

14000918 161399 3043

OUTDOOR AFRO

Form 990 (2023) OUTDOOR AFRO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
9	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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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	17		Х
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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^ `
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

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Form **990** (2023)

Form 990 (2023) OUTDOOR AFRO

Checklist of Required Schedules (continued)

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

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Form **990** (2023)

3043___1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2 a	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 2a2	3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		1			
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50					
6a	any contributions that were not tax deductible as charitable contributions?	6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua					
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a					
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	35					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand 13c	1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <u></u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
-	excess parachute payment(s) during the year?	15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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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						X			
Sec	tion 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		13						
	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	1b		12						
2	2 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?									
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	[4	Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		[5		Х			
6	Did the organization have members or stockholders?			[6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?				7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:							
а	The governing body?				8a	Х				
b	Each committee with authority to act on behalf of the governing body?			[8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)							
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapte	rs, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	[12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," c	lescribe							
	on Schedule O how this was done			<u> </u>	12c	Х				
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			L	15a	Х				
b	Other officers or key employees of the organization				15b	X				
	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 arranger	ment	with a							
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on's							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CO, C	Т,І	C, FL, GA	,HI	,IL	, MA	,ME			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (section 50	1(c)(3)s	only)) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest police	cy, and	l finar	ncial				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records							
	NATASHA PEREZ - (510)306-2376		1610							
	1999 HARRISON STREET, 18TH FL , 2444, OAKLAND, CA	94	1612			000				
332006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2023)			

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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

- 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.
- 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.

ot 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)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	box offic	, unle	ss pe	rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RUE MAPP CEO & PRESIDENT	50.00	x		х				192,185.	0.	33,501.
(2) LISA BOURNE	40.00									
EXECUTIVE DIRECTOR		1		х				161,053.	0.	12,300.
(3) DEBORAH HAYMAN	40.00									
EXECUTIVE MANAGER						Х		100,481.	0.	9,345.
(4) DAWN O'NEAL	10.00									
CHAIR		Х		Х				0.	0.	0.
(5) MARIA HEKKER	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) TARIK MOORE	3.00	l								
TREASURER		Х		Х				0.	0.	0.
(7) ASHLEY WILLIAMS	3.00								_	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) CHRISTIANE MAERTENS	3.00	X						0.	0.	^
DIRECTOR (9) CRISTINA JORDA KINNEY	3.00	^						0.	0.	0.
(9) CRISTINA JORDA KINNEY DIRECTOR	3.00	X						0.	0.	0.
(10) MELANIE STRONG	3.00	^						0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(11) MICHAEL BRUNE	3.00							0.	0.	0.
DIRECTOR	3,00	x						0.	0.	0.
(12) MORGAN MCCRAY	3.00	 						•	•	
DIRECTOR		х						0.	0.	0.
(13) NIK DEHEJIA	3.00							-		
DIRECTOR		Х						0.	0.	0.
(14) SHANE DOUGLAS	3.00									
DIRECTOR		Х						0.	0.	0.
(15) TREY LORD	3.00									
DIRECTOR		Х						0.	0.	0.

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

(A) Name and title	(B) Average hours per	box	not cl	ss pe	itior more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	n		(F) timate		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee B	Officer B		Highest compensated xx	Former Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	ons compens		om the anizati d relate	e ion ed	
1b Subtotal								453,719.		0.	5	5,1		
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 453,719.		0.	5	5,1	0. 46.	
2 Total number of individuals (including but n								•	,000 of reportable	e		- , -		
compensation from the organization											I	Yes	No	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp			3		Х	
4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	atior	n and	ot	her compensation from	the organization					
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	Х		
rendered to the organization? If "Yes," com	=				-						5		Х	
Section B. Independent Contractors 1 Complete this table for your five highest co		-l					1		\$100,000 of com		-4: f			
 Complete this table for your five highest co the organization. Report compensation for 	-	-								pens	alioni	rom		
(A) Name and business	address							(B) Description of s	ervices	С	(C omper		n	
DOGOODERY 12400 VENTURA BLVD., STUI								PROGRAM MANA	GEMENT		14	1,8	46.	
FOSS SWIM SCHOOL, 10050 (EDEN PRAIRIE, MN 55344	S SWIM SCHOOL, 10050 CROSSTOWN CIRCLE,							SONS		11	0,9	60.		
CAUSE CAPACITY 503 ERROL DRIVE, BRIARCL	IFF, TX	78	366	59				HR SERVICES		109,609				
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to		se lis	tec	d above) who received m	nore than					

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OUTDOOR AFRO 47-3094045 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 169,751. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,781,971 similar amounts not included above 1f 14,033 g Noncash contributions included in lines 1a-1f 1,951,722. h Total. Add lines 1a-1f **Business Code** 2 a REGIONAL PROGRAM INCOM 13,470. 900099 13,470. Program Service Revenue f All other program service revenue 13,470. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 69,595 69,595. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 169,751. of contributions reported on line 1c). See 13,800. Part IV, line 18 8b 160,230. **b** Less: direct expenses -146,430. 146,430. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities

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11 a

3043 1

1,892,340.

3,983.

3,983.

17,453.

10 a Gross sales of inventory, less returns

Total revenue. See instructions

and allowances **b** Less: cost of goods sold

c Net income or (loss) from sales of inventory

d All other revenue e Total. Add lines 11a-11d 3,983

Business Code

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 respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	275,616.	275,616.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	399,039.	199,519.	99,760.	99,760
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	500 560	405 500	05.406	450.004
7	Other salaries and wages	739,768.	485,728.	95,106.	158,934
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	06 500	E7 070	10 751	10 400
9	Other employee benefits	86,509.	57,278.	10,751.	18,480
10	Payroll taxes	82,314.	49,881.	13,813.	18,620
11	Fees for services (nonemployees):				
а					
b		76 107		76 107	
С	5 ······ F	76,487.		76,487.	
	Lobbying				
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	, -	443,502.	206,650.	147,761.	89,091.
40	column (A), amount, list line 11g expenses on Sch 0.)	113,302.	200,030.	147,701.	05,051
12	Advertising and promotion	49,640.	30,082.	8,328.	11,230
13	Office expenses	221,370.	134,147.	37,148.	50,075
14 15	Information technology	221,3700	131,117	37,140.	30,013
16	Royalties	18,835.	11,414.	3,161.	4,260
17	Occupancy	159,309.	96,538.	26,733.	36,038
18	Payments of travel or entertainment expenses		20,000		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,939.		1,939.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,057.	641.	177.	239
23	Insurance	4,700.		4,700.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LEADERSHIP TRAINING	109,742.	109,742.		
b	STAFF DEVELOPMENT	60,722.	36,797.	10,190.	13,735
С	OUTDOOR EDUCATION & REC	32,447.	32,447.		
d	LEASE AMORTIZATION	10,910.	6,655.	1,855.	2,400
е	All other expenses	20,555.	11,500.	6,747.	2,308
25	Total functional expenses. Add lines 1 through 24e	2,794,461.	1,744,635.	544,656.	505,170
26	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)				

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Part X Balance Sheet OUTDOOR AFRO

Part X	Balance Sheet					
	Check if Schedule O contains a response or	note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			5,163,493.	1	1,147,114
2					2	4,390,555
3				1,877,490.	3	500,738
4				4	191,347	
5						
	trustee, key employee, creator or founder, s					
	controlled entity or family member of any of	these persons			5	
6	Loans and other receivables from other disc	ualified persons	s (as defined			
	under section 4958(f)(1)), and persons described	ribed in section	4958(c)(3)(B)		6	
ပ္ 7	Notes and loans receivable, net				7	
Assets 4 8 8 8 8	Inventories for sale or use				8	
[≮] 9	Prepaid expenses and deferred charges			24,781.	9	26,562
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		8,517.			
	b Less: accumulated depreciation	10b	1,057.	0.	10c	7,460
11	Investments - publicly traded securities			39,778.	11	71,027
12	! Investments - other securities. See Part IV, li	ne 11			12	
13	Investments - program-related. See Part IV, I	ine 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			0.	15	200,074
16	3 \			7,105,542.	16	6,534,877
17		134,810.	17	251,786		
18					18	
19	***************************************				19	
20	1				20	
21	, '				21	
ខ្លួ 22	' '					
Ĭ	trustee, key employee, creator or founder, s					
	controlled entity or family member of any of	· ·			22	
23		-			23	
24	. ,				24	
25	` •					
	parties, and other liabilities not included on I	ines 17-24). Cor	nplete Part X	0.		186,518
	of Schedule D			134,810.		438,304
26	9		X	134,010.	26	430,304
န္မ	Organizations that follow FASB ASC 958,	спеск пеге	<u> </u>			
Ď 07	and complete lines 27, 28, 32, and 33.			4,695,678.	27	5 397 135
B 27	*******		·····	2,275,054.	28	5,397,135 699,438
<u> </u>				2,273,034.	20	0,0,400
בֿ	Organizations that do not follow FASB AS	C 956, Check n	iere 🗀			
ະ ຸ	and complete lines 29 through 33.	ado			20	
29					30	
30					31	
Net Assets or Fund Balances 2 2 2 2 2 3 1 3 2 3 2 3 2 2 3 2 3 2 3 3 2 3 3 3 3	3 , ,			6,970,732.	31	6,096,573
				7,105,542.	33	6,534,877
33	Total liabilities and net assets/fund balances			,,100,044.	აა	Form 990 (202

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 1 2 2	, 89 , 79 -90	2,3 4,4 2,1	61. 21. 32.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10 6	,09	6,5	73.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			Yes	No	
2a			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
D	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-	x		
За	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on ScI As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2c	23		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ired audit	3b			
	, , ,		Form	990 ((2023)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Z. Open to Public Inspection

OMB No. 1545-0047

Employer identification number

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

OUTDOOR AFRO 47-3094045 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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: 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (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) above (see instructions)) Total

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	endar 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.")	523,718.	3,255,810.	2,951,182.	5,223,411.	1,951,722.	13,905,843.
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	523,718.	3,255,810.	2,951,182.	5,223,411.	1,951,722.	13,905,843.
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)						3,306,840.
_6	Public support. Subtract line 5 from line 4.						10,599,003.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	523,718.	3,255,810.	2,951,182.	5,223,411.	1,951,722.	13,905,843.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				29,587.	69,595.	99,182.
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.)	139,253.	14,444.	58,373.	9,928.		221,998.
11	Total support. Add lines 7 through 10						14,227,023.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	17,453.
13	First 5 years. If the Form 990 is for the	•	rst, second, third, f	fourth, or fifth tax y	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						74 50
14	Public support percentage for 2023 (14	74.50 %
15	Public support percentage from 2022					15	88.41 %
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
b	o 33 1/3% support test - 2022. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-		• • •	•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
,-	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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.)

Sec	ction A. Public Support	slow, please com	ipietė Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
		(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.")						
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						
7 <i>a</i>	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						
	Public support. (Subtract line 7c from line 6.)						
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
9	Amounts from line 6			, ,		. ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			faculta au fifth tau		F01(a)(0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·	<i>'</i>	•	•	()()	ion,
<u>S</u>	check this box and stop here ction C. Computation of Publi		arcentage				<u></u>
	Public support percentage for 2023 (li			column (f)		15	
							%
	Public support percentage from 2022 ction D. Computation of Investigation					16	%
	•		<u>~</u> _			17	
	Investment income percentage for 20					 	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2023. If the	-					17 IS NOT
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2022. If the	•			*	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n aid not check a	ı box on iine 14, 19	a, or 19b, check t	nis box and see ii	nstructions	

3043____1

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		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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		100	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	Na
_			res	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to dapported organizations in roo, december in a late of the played by the organization in this regard.	- Ju		

332025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e 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-function	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continue}	d)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	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	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide 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			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

OUTDOOR AFRO

Employer identification number

47-3094045

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

47-3094045

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a)	(b)	(c) (d)
No1	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for

Name of organization	Employer identification number
OUTDOOR AFRO	47-3094045

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 50,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	Name, audiess, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	Hamo, address, and En 11	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
OUTDOOR AFRO	47-3094045

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 46,159. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 42,400. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 40,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
110.	Name, address, and Zir + +	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OUTDOOR AFRO

47 - 3094045

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		<u> </u>	

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 47-3094045 OUTDOOR AFRO 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 D

(Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

OUTDOOR AFRO

Employer identification number 47-3094045

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised	d funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
_	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	1				
	Preservation of land for public use (for example, recreated	ation or education)	Preservation of a histo	orically important land area			
	Protection of natural habitat		Preservation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b				2b			
С	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included on line 2c acqu						
	on a historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	terminated by the orgar	nization during the tax			
	year						
4	Number of states where property subject to conservation ea		 				
5	Does the organization have a written policy regarding the pe						
•	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, ar	nd enforcing conservati	on easements during the year			
7	Amount of expanses included in monitoring inspecting han	dling of violations, and an	foreign concentration of	accompants duving the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year			
8	Does each conservation easement reported on line 2d above	a actiofy the requirements	of coation 170/b)(4)(P)	\(\frac{1}{2}\)			
Ü	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
•	balance sheet, and include, if applicable, the text of the foot		•				
	organization's accounting for conservation easements.	note to the organization c	manda datemento t	iat doscribes the			
Par	t III Organizations Maintaining Collections of	of Art. Historical Tre	easures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Forn	•	,				
	If the organization elected, as permitted under FASB ASC 99		enue statement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for pu	•					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items.	. ,					
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A		- ·	•			
а	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023			

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's co	ollection?				Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	gements Comple	te if the	organization	n answered "`	Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributio	ns or other as	ssets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing 1	table:						
									Amount	t
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ity?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds Complete if t	the organization and								
		(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		=								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne		-	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	rt VI Land, Buildings, and Equipm			, ,, ,, ,			l: 40			
	Complete if the organization answered			·	1					
	Description of property	(a) Cost or o basis (investr			t or other (other)	` '	cumulate reciation	d	(d) Bool	k value
1a	Land									
b										
С	Leasehold improvements									
d	Equipment									
	Other				8,517.		1,0	57.		7,460.
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, line 1	0c, column	(B))					7,460.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OUTDOOR AFR	.0	47	-3094045 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d Soc Form 990 Part V line 15	
	Description	e i i d. Gee i Gilli 390, i ait A, iiile 13.	(b) Book value
	Description		(b) Dook value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			186,518
(3)			,
(4)			
(5)			
(6)			
<u>(7)</u>			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

186,518.

Part /	Reconciliation of Revenue per Audited Financial St		per Return	ו
1 To	Complete if the organization answered "Yes" on Form 990, Part IV, tal revenue, gains, and other support per audited financial statements		1	1,920,302.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:			
	et unrealized gains (losses) on investments	2a 27,	962.	
	onated services and use of facilities			
	ecoveries of prior year grants			
	her (Describe in Part XIII.)			
	Id lines 2a through 2d		2e	27,962.
	ubtract line 2e from line 1			1,892,340.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:			-
	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
	her (Describe in Part XIII.)			
	ld lines 4a and 4b		4c	0.
5 To	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	1,892,340.
Part 2	III Reconciliation of Expenses per Audited Financial S	tatements With Expense	s per Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1 To	tal expenses and losses per audited financial statements		1	2,794,461.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	onated services and use of facilities			
	ior year adjustments			
	her losses			
	her (Describe in Part XIII.)			0
	Id lines 2a through 2d			0.
	ıbtract line 2e from line 1		3	2,794,461.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
	vestment expenses not included on Form 990, Part VIII, line 7b			
	her (Describe in Part XIII.)			0.
	Id lines 4a and 4b tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			2,794,461.
	KIII Supplemental Information	16.)	5	2,751,101
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4: Part IV. lines 1b and 2b: Part	V. line 4: Part	X. line 2: Part XI.
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, ,	, , ,
		•		
	0			
PART	X, LINE 2:			
mire		CMARILC EDOM BUE	TAIMEDAI	3.1 DELTENTE
THE	ORGANIZATION HAS RECEIVED TAX-EXEMPT	STATUS FROM THE	INTERN	AL REVENUE
CEB1/	ICE AND FRANCHISE TAX BOARD UNDER SE	CTTON 501(C)(3)		ΤΝΨΈΡΝΙΔΙ.
SEKV	ICE AND FRANCHIBE TAX BOARD UNDER BE	C110N 301(C)(3) (Jr 1111	INTERNAL
REVE	NUE CODE AND REVENUE AND TAXATION CO	DE SECTION 23701	D RESP	ECTIVELY.
	tion dobn into havenon into immirror, do	DE DECITOR ESTOI.	<u> </u>	
SINC	E THE ORGANIZATION IS EXEMPT FROM FE	DERAL AND STATE	INCOME '	TAX
LIAB	ILITY, NO PROVISION IS MADE FOR CURR	ENT OR DEFERRED	INCOME '	TAXES. THE
ORGA	NIZATION USES THE SAME ACCOUNTING ME	THODS FOR TAX AN	D FINAN	CIAL
REPO	RTING. MANAGEMENT HAS CONSIDERED ITS	TAX POSITIONS A	ND BELI	EVES THAT
λтт	OF THE POSITIONS TAKEN IN ITS FEDERA	፣ አእነኮ ሮሞአጥድ ድ ሂድ አ ነ	טש טפטא.	NT77MTON
АПП	OF THE POSITIONS TAKEN IN ITS FEDERA	L AND STATE EVENT	PI ORGAI	NIZATION
RETU	RNS ARE MORE LIKELY THAN NOT TO BE S	USTAINED UPON EX	AMINATI	ON. THE
$\bigcap D \subset X$	NIZATION'S RETURNS ARE SUBJECT TO EX	ΣΜΤΝΣΦΤΟΝ ΒΥ ΕΕΡ	ም ው ልተ. አእተ	ח פייזייי
OKGA	NITOTITOUS VETICADO AVE SODOFCI IO EV	PRITING LED DI LED.	TAAL AN!	N SIWIE

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OUTDOOR	AFRO				47-3094	045
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	I Dactivity I have custody I I I I I I I I I I I I I I I I I I I					
		Yes	No			
- Fotal						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						

LHA 332081 09-13-23 Schedule G (Form 990) 2023

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GLAMPOUT	, , , , ,		col. (c))
e			(event type)	(event type)	(total number)	. "
Revenue			102 551			102 551
Re	1	Gross receipts	183,551.			183,551.
			169,751.			169,751.
	2	Less: Contributions	109,731.			109,731.
	2	Gross income (line 1 minus line 2)	13,800.			13,800.
		Cross moonie (inte i minds inte 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
en	6	Rent/facility costs	37,183.			37,183.
Direct Expenses			106 776			406 556
rect	7	Food and beverages	106,776.			106,776.
Ö	_		2 000			2 000
		Entertainment	2,000. 14,271.			2,000. 14,271.
		Other direct expenses				160,230.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-146,430.
Pa	rt I			990 Part IV line 19 or		110,1300
		\$15,000 on Form 990-EZ, line 6a.		1000,1 41111, 1110 10, 01	roportou moro triair	
-		,	() 5:	(b) Pull tabs/instant	() () ((d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
SS	2	Cash prizes				
ens						
Ξχb	3 Noncash prizes					
Direct Expenses						
Dire	4	Rent/facility costs				
	_	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · -			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10-	\\/-	ore any of the organization's coming licenses	wokod supporded sit	orminated during the tax	voor?	Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?b If "Yes," explain:						. LITES LINO
	"	. 55, 57pmii				
						-

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	OUTDOOR	AFRO	17-30940	045 Page 3
11	Does the organization conduct ga	aming activities w	ith nonmembers?	🗆 Ү	res No
	Is the organization a grantor, bene	eficiary or trustee	of a trust, or a member of a partnership or other entity formed		,
13	Indicate the percentage of gaming?	a activity conduc	tod in:	L Y	′es ∐ No
				13a	%
					<u> </u>
			epares the organization's gaming/special events books and record		-
	Name				
	Address				
15a	Does the organization have a con	tract with a third	party from whom the organization receives gaming revenue?		res No
	If "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address	e third party \$		ınt	
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
		r state law to mal	ce charitable distributions from the gaming proceeds to		
	retain the state gaming license?				′es ∟ No
k		=	tate law to be distributed to other exempt organizations or spent in	the	
Pa	organization's own exempt activit		c year \$ e the explanations required by Part I, line 2b, columns (iii) and (v); a	and Dart III. lin	oc 0 0h 10h
	• • •		provide any additional information. See instructions.	iliu Fait III, III i	es 9, 9D, 10D,
	, ,		,		

Schedule G (Form 990) Part IV Supplemental	OUTDOOR AFRO	47-3094045 Page 4
Part IV Supplemental	Information (continued)	

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization							Employer identification number
OUTDOOR A	FRO						47-3094045
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
		· · · · · · · · · · · · · · · · · · ·			(f) Method of	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) at Enter total number of other organizations 							

47-3094045 OUTDOOR AFRO Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant PAID FOR SWIM LESSONS FOR INDIVIDUALS. 275,616, 0. 1145 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE ORGANIZATION PAYS SERVICE PROVIDERS DIRECTLY FOR THE SERVICES THEY PROVIDE TO THE MEMBERS OF THE CHARITABLE CLASS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

OMB No. 1545-0047

OUTDOOR AFRO

Employer identification number 47-3094045

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		37
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) RUE MAPP	(i)	192,185.	0.	0.	7,482.	26,019.		0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA BOURNE	(i)	161,053.	0.	0.	1,754.	10,546.	173,353.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization					Emp	oloye	rident	ificati	on nu	ımber
OUTDOO	R AFRO				47	-30	940	45		
Part I Excess Benefit Trans	sactions (section 5	601(c)(3), sect	ion 501(c)(4), and se	ction 501(c)(29) org	anizati	ons o	nly)			
Complete if the organization	n answered "Yes" on	Form 990, Pa	art IV, line 25a or 25b	o; or Form 990-EZ, P	art V, I	ine 40	Ob.			
1 (a) Name of disqualified person	(b) Relationship be		ified	c) Description of tran	eactio	n		(d)	Corre	cted?
(a) Name of disqualified person	person and o	organization	,,	, Description of train	isactio	""		Y	es	No
(1)										
(2)										
(3)									_	
(4)								_		
(5)								_		
(6)										
2 Enter the amount of tax incurred by	· ·	J		•						
3 Enter the amount of tax, if any, on I	ine 2, above, reimbur	sed by the or	ganization			\$				
Darl III I a see to see the see										
Part II Loans to and/or From										
Complete if the organizatio			, Part V, line 38a, or	Form 990, Part IV, li	ne 26;	or if t	he org	anizat	ion	
reported an amount on For							Vh\ An	nroved		
(a) Name of (b) Relation interested person with organ		(d) Loan to or from the	(e) Original principal amount	(f) Balance due	(g)		(i) W by board or committee?		/ritten	
will organ	or loan	organization?	principal amount		default?				<u> </u>	
		To From			Yes	No	Yes	No	Yes	No
(1)										
(2)										-
(3)										
(4)										
(5)										
(6)		 								-
(7)		 								-
(8)	+	 								
(9)	+	 								
(10)			Φ.							
Part III Grants or Assistance	Renefiting Inte	rested Pe	\$							
Complete if the organization	_									
				(d) Typo	of		10	1 Durn	000.0	f
(a) Name of interested person	(b) Relationship interested per		(c) Amount of assistance	(d) Type assistan			•) Purp assista		1
	the organiz									
(1)						-+				
(2)						-+				
(3)						-				
\ - /										

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

Schedule L (Form 990) 2023

(5) (6) (7) (8) (9)

Schedule L (Form 990) 2023 OUTDOC Part IV Business Transactions Involv	R AFRO ing Interested Persons		47-3094		r age z
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's lues?
CUDICATANA WARRANG	DIBEGEOR	141 046	CUD T CELT AND	Yes	No
(1)CHRISTIANE MAERTENS	DIRECTOR	141,846.	CHRISTIANE	-	Х
(2)				 	
(3) (4)				1	
(5)				+	
(6)				†	
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information Provide additional information for response.	onses to questions on Schedule L. See i	nstructions.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: CHRIST	IANE MAERTENS				
(D) DESCRIPTION OF TRANSAC	TION: CHRISTIANE MAR	ERTENS, A M	IEMBER OF OU	JTDOO	R
AFRO'S BOARD OF DIRECTORS,	IS ALSO THE CEO ANI	FOUNDER O	F DOGOODERY	, LLC	•
OUTDOOR AFRO WORKED WITH I	TS LEGAL COUNSEL TO	CONDUCT A	CONFLICT OF	י	
INTEREST REVIEW OF THIS AR	RANGEMENT. ON JULY 2	29, 2023, A	DISINTERES	STED	
GROUP OF MEMBERS OF OUTDOO	R AFRO'S BOARD APPRO	OVED THE TR	ANSACTION A	FTER	
DETERMINING THAT A MORE AD	VANTAGEOUS RELATIONS	SHIP OR TRA	NSACTION CO	ULD	
NOT BE OBTAINED WITH REASO					

Schedule L (Form 990) 2023

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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OUTDOOR AFRO

Employer identification number 47-3094045

FORM 990, PART I, LINE 12

OUTDOOR AFRO BEGAN 2023 WITH \$2,975,623 IN DONOR RESTRICTED REVENUE. \$2,276,185 OF THIS RESTRICTED REVENUE WAS RELEASED IN 2023, DISPLAYED IN THE CHANGE IN REVENUE FROM 2022 TO 2023.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMPANIES, IN EDUCATION, AND IN PUBLIC AGENCIES CHARGED WITH PROTECTING OUR NATURAL HERITAGE. OUTDOOR AFRO WORKS TO RECONNECT BLACK AMERICANS TO LAND, WATER, AND WILDLIFE WHILE UPLIFTING THEIR ROLES AS LEADERS AND STEWARDS OF THE NATURAL WORLD. FROM ITS HUMBLE BEGINNING AS A SOCIAL ENTERPRISE AND OUTDOOR BLOG, TODAY OUTDOOR AFRO IS A NATIONWIDE MOVEMENT THAT HAS SUCCESSFULLY OBSERVED AND MEASURED SIGNIFICANT POSITIVE CHANGES IN OUTDOOR ENGAGEMENT, MEDIA REPRESENTATION, AND NEW PROFESSIONAL LEADERSHIP AND AFFINITY GROUPS AMONG MORE BLACK PEOPLE AND BLACK COMMUNITIES IN OUTDOOR RECREATION, EDUCATION, AND CONSERVATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EACH OF THESE PROGRAMS HELP TO CHANGE THE FACE OF PARTICIPATION IN THE OUTDOORS. EVERYONE IS WELCOME TO JOIN OUR YEAR-ROUND NETWORK ACTIVITIES OR BECOME A PARTNER TO HELP US CONTINUE TO GROW OUR MULTIGENERATIONAL NATURE AND COMMUNITY WORK.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD ADOPTED AMENDED AND RESTATED BYLAWS AND A NEW PRINCIPALS OF

CORPORATE GOVERNANCE ON NOVEMBER 11, 2023. THE BYLAWS WERE STREAMLINED TO

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

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Page **2**

Name of the organization

OUTDOOR AFRO

Employer identification number 47 - 3094045

ELIMINATE DUPLICATIVE LANGUAGE, ITEMS ALREADY IN THE CALIFORNIA

CORPORATIONS CODE AND OUTDOOR AFRO'S CERTIFICATE OF INCORPORATION. THEY

WERE ALSO UPDATED TO REFLECT CHANGES IN THE LAW AND HOW OUTDOOR AFRO

CONDUCTS ITS BUSINESS. THE AMENDMENT ALSO DIVIDED THE BOARD INTO THREE

CLASSES SERVING STAGGERED TERMS OF THREE YEARS, CREATED AN EX OFFICIO BOARD

SEAT FOR THE CEO, AND ESTABLISHED THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY MEMBER OF THE BOARD SIGNED CONFLICT OF INTEREST POLICIES IN 2023 AND THE BOARD BEGAN CONDUCTING A CONFLICTS CHECK AT THE BEGINNING OF EVERY MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE INDEPENDENT MEMBERS OF THE ORGANIZATION'S BOARD SET THE COMPENSATION

FOR THE ORGANIZATION'S TWO DIRECT REPORTS - CHIEF EXECUTIVE OFFICER (CEO)

AND EXECUTIVE DIRECTOR (ED) - ANNUALLY. THE ORGANIZATION HIRED ITS FIRST ED

IN EARLY 2023. AS PART OF THAT HIRING PROCESS IN 2022, THE BOARD

ESTABLISHED A SALARY FOR THE ED USING BENCHMARKING AND THE ORGANIZATION'S

ANNUAL BUDGET. BASED UPON THE RECOMMENDATION OF THE GOVERNANCE COMMITTEE,

INDEPENDENT MEMBERS OF THE BOARD ESTABLISHED THE CEO'S 2023 SALARY USING

THREE FACTORS (1) THE BOARD'S EVALUATION OF THE CEO, (2) THE CEO'S

SELF-EVALUATION, AND (3) CEO COMENSATION BENCHMARKING METRICS DEVELOPED BY

THE ORGANIZATIONS HUMAN RESOURCES ADVISER. THE BENCHMARKING METRICS INCLUDED

MULTIPLE REPUTABLE COMPENSATION BENCHMARKING DATA REPORTS AND ANALYSIS OF

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

Page 2 Name of the organization **Employer identification number** OUTDOOR AFRO 47-3094045 COMPARABLE DATA FOR ORGANZIATIONS OF SIMILAR SIZE, LOCATION, AND BUDGET. THE BENCHMARKING PROCESS IS DOCUMENTED IN A REBUTTABLE PRESUMPTION CHECKLIST. ASIDE FROM THE CEO AND THE ED, ALL OF THE ORGANZATION'S OFFICERS ARE VOLUNTEERS AND DO NOT RECEIVE ANY COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, CA, CO, CT, DC, FL, GA, HI, IL, MA, ME, MI, MS, NC, ND, NH, NM, NV, NY, OK, OR, PA, RI, TN UT, VA, WA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 14 THE BOARD ADOPTED A DOCUMENT RETENTION AND DESTRUCTION POLICY ON MARCH 27, 2024. FORM 990, PART IX, LINE 11G, OTHER FEES: COMMUNICATIONS: PROGRAM SERVICE EXPENSES 128,908. MANAGEMENT AND GENERAL EXPENSES 34,174. FUNDRAISING EXPENSES 46,067. TOTAL EXPENSES 209,149. **HUMAN RESOURCES:** PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 94,800.

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

Name of the organization OUTDOOR AFRO	Employer identification number 47-3094045
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	94,800.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	77,742.
MANAGEMENT AND GENERAL EXPENSES	18,787.
FUNDRAISING EXPENSES	43,024.
TOTAL EXPENSES	139,553.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	443,502.
FORM 990, PART XII. LINE 2C, FINANCIAL STATEMENTS AND REPORT THE ORGANIZATION DID NOT CHANGE ITS SELECTION OR OVERSIGN DURING THE YEAR.	IT PROCESS

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2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	MACBOOK	01/14/23	SL	5.00	Í	16	3,165.				3,165.			607.	607.
2	MACBOOK	01/28/23	SL	5.00	:	16	2,457.				2,457.			450.	450.
3	MACBOOK	12/29/23	SL	5.00	į	16	2,895.				2,895.			0.	
	* TOTAL 990 PAGE 10 DEPR						8,517.				8,517.	0.		1,057.	1,057.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						8,517.			0.	8,517.	0.			1,057.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						8,517.			0.	8,517.	0.			1,057.
	ENDING ACCUM DEPR											1,057.			
	ENDING BOOK VALUE											7,460.			