** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

an the 0001 as landar

► Go to www.irs.gov/Form990 for instructions and the latest information. тттт 1 2021 and anding TITN 20 2022



Β	heck if	C Name of organization	ending of	D Employer identifi	cation number								
a 	pplicab ¬Addre												
	_chang	URBAN ALCHEMY											
	_chang			82-5408579									
	return]Final	· · · · · · · · · · · · · · · · · · ·	Room/suite 150										
	return termir ated	-	(415) 757-08										
	ated ∖Amen		G Gross receipts \$	51,179,845.									
	return Applio	SAN FRANCISCO, CA 94103	eturn										
	_ tion pendi	F Name and address of principal officer: DENA MILLER		for subordinates									
				H(b) Are all subordinates in									
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (te: WWW.URBAN-ALCHEMY.US/	or 527	1 '	list. See instructions								
				H(c) Group exemption									
	orm o	organization: X Corporation Trust Association Other ►	L Year	of formation: 2018	VI State of legal domicile: CA								
10		-	ם א חדבי גע הסע	FORCE BROCRAMS T	N								
e	1	Briefly describe the organization's mission or most significant activities: TO OPER AREAS OF CIVIC ENGAGEMENT, URBAN STREET CLEANING, & REENTRY	KAIL WORK	TORCE FROGRAMS I	IN								
Jan	2		ad of more	than 25% of its not as	aata								
/err	AREAS OF CIVIC ENGAGEMENT, URBAN STREET CLEANING, & REENTRY 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)												
ģ		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)			4								
		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	1329								
ities		Total number of volunteers (estimate if necessary)			4								
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.								
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year								
~	8	Contributions and grants (Part VIII, line 1h)		15,751,035.	28,873,843.								
Revenue	9	Program service revenue (Part VIII, line 2g)		12,063,542.	22,116,475.								
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		360.	0.								
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,400.	189,527.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,841,337.	51,179,845.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	٥.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,919,509.	38,332,222.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)											
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,233,010.	10,283,405.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,152,519.	48,615,627.								
	19	Revenue less expenses. Subtract line 18 from line 12		1,688,818.	2,564,218.								
S OF			Be	ginning of Current Year	End of Year								
Assets Balanc	20	Total assets (Part X, line 16)		4,468,655.	10,724,191.								
et A:	21	Total liabilities (Part X, line 26)		2,256,920.	5,560,873.								
Ž		Net assets or fund balances. Subtract line 21 from line 20		2,211,735.	5,163,318.								
1 12	art II	Signature Block											

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

Sign		Signature of	officer			Date			
Here		LENA MILI	LER, CEO						
		Type or print	name and title						
	Prin	t/Type prepare	r's name	Preparer's signature	Date		Check PTIN		
Paid	кату	BROWN		KATY BROWN	05/07/2	3	self-employed P00650274		
Preparer	Firm	i's name 🕒	ARMANINO LLP		Firm's EIN 94-6214841				
Use Only	Firm	's address 🕨	12657 ALCOSTA BLVD, STE.	500					
		-	SAN RAMON, CA 94583-4600	Phone no.925-790-2600					
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21	LHA For	Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 99	0 (2021)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check f Schedule Contains a response or note to any line in this Part III To Polydy decision the moganization similation: To DeRAFTE KORKPORCE PROGRAMS IN AREAS OF CIVIC ENCADEMENT, URBAN STREPT CLEANTING, & REENTEX SERVICES.	Par	t III Statement of Program Service Accomplishments			
TO_OFERATE WORKPOCE PROGRAMS IN AREAS OF CIVIC ENONGENENT, URBAN STRENT CLEANING, & REENTRY SERVICES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 960 or 90-827 Image: Services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how to conducts, any program services, as measured by expenses. Schedule O. Image: Services of Schedule O. 4 Describe the organization organ service accomplishments for each of its three largest program services, as measured by expenses. Schedule O. Image: Services Organization conducts, any program services, as measured by expenses. Schedule O. 4 Cose: [logeness] TO FONDER LONG TERM OFFENDERS AS "URBAN ALCRENY Program services, as measured by expenses. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O. Image: Schedule O. 9 Provide Schedule O. Schedule O.		Check if Schedule O contains a response or note to any line in this Part III			X
STREET CLEANING, & REENTRY SERVICES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 900 E27 If 'Kes, 'describe these new services on Schedule O. If 'Ves, 'describe these new services on Schedule O. If 'Ves, 'describe these hanges on Schedule O. If 'Ves, 'describe these changes on Schedule O. If 'Ves, 'describe the Schedule O. If '	1	Briefly describe the organization's mission:			
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990 ct?? 11 'Ves 'de the organization case conducting, or make significant changes in how it conducts, any program services, are masured by expenses. Section 501 (c)(8) and 501 (c)(4) organization case conducting envices and case conducting envices are equived to report the amount of grants and allocations to others, the total expenses, an revenue, if (or each program services reported. 40 Recently the organization's program service reported. 41 Recently the service's protect Low-Texter operate the under of grants and allocations to others, the total expenses, an revenue, if (or each program services reported. 42 Recently the program service reported. 43 Recently the province the comparison of the service of the Most CHARM ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUELIC PACILITIES IN URBAN ALCHENY PRACTITIONERS' TO PROVIDE CLEAN AND SAPE FUEL AND CLEAN PROVIDE CLEAN AND SAPE FUEL AND CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVID CLEAN AND SAND PROVIDES AND TO REPORT CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDES AND TO REPORT CLEAN PROVIDE CLEAN AND SAND PROVIDE AND AND ALCHENY PROVIDES AND TO REPORT CLEAN AND SAND PROVIDE AND AND AND PROVIDES AND TO REPORT CLEAN AND SAND PROVIDES AND TO REPORT CLEAN AND SAND PROVIDES AND TO REPORT CLEAN AND SAND		TO OPERATE WORKFORCE PROGRAMS IN AREAS OF CIVIC ENGAGEMENT, URBAN			
piper form 580 or 380 cr 38		STREET CLEANING, & REENTRY SERVICES.			
piper form 580 or 380 cr 38		· · · · ·			
piper form 580 or 380 cr 38					
If "vs." describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Science Scie			1		v
 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			l	Yes	_⊼_ No
 If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50((s)) and 50((s)) and 50((s)) argonizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Cost:					
 4 Obscribe the organization's program service accompliatments 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 adlocations to others, the total expenses, an revenue, if any, for each program service required to report the amount of grants and adlocations to others, the total expenses, an revenue, if any, for each program service (22,116) (Revenue \$ 22,116) (J	Yes	X No
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. 22,116 46 (foot;					
revenue, if any, for each program service reported. 4a (Code				•	
<pre>4a (code) (Expenses 1 45,020,871. modeling parts of) (Revenue 5 22,116 URBAN ALCHEMY ENPLOYS FORMER LONG TERM OFFENDERS AS 'URBAN ALCHEMY PRACTITIONERS' TO PROVIDE CLEAN AND SAFE PIDELC FACILITIES IN URBAN AREAS, CURRENTLY SAN FRANCISCO AND LOS ANGELES, URBAN ALCHEMY AINS TO PROVIDE OPFORTUNITIES FOR FORMER LONG-TERM OFFENDERS AND TO REDUCE RECIDIVISM AND SINULTANEOUSLY TRANSFORM THE ENERGY OF THE MOST CHAOTIC PLACES IN URBAN ENVIRONMENTS. URBAN ALCHEMY AND SINULTANEOUSLY TRANSFORM THE ENERGY OF THE MOST CHAOTIC PLACES IN URBAN ENVIRONMENTS. URBAN ALCHEMY PRACTITIONERS WORK IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF HOMELESSNES, ADDICTION, AND MENTAL ILLINESS, DEPENDING NO THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROW, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 4b (code) (Expenses \$ including gamts of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) 4c Other program services (Describe on Schedule O) 4d Total program services (Describe on Schedule O) 4d Other program services (Describe on Schedule O) 4d Other program services (Describe on Schedule O) 4d Total program service pages A 5, 202, 871. 4d Total program services (Describe on Schedule O) 4d Total program service pages A 5, 202, 871. 4d Total program service pages A 5, 202, 871. 4d Total</pre>			the total exp	enses, an	d
URBAN ALCHERY INFLOYS FORMER LONG-TERM OFFENDERS AS URBAN ALCHERY PRACTITIONERS" TO PROVIDE CLEAN AND GAFF PUBLIC FACILITIES IN URBAN AREAS, CURRENTLY SAN FRANCISCO AND LOS ANGELES. URBAN ALCHERY AIMS TO PROVIDE OFFORTUNITIES FOR FORMER LONG-TERM OFFENDERS AND TO REDUCE RECIDIVER AND SIMULATIONEOUSLY TRANSFORM THE ENERGY OF THE MOST CHAOTIC PLACES IN URBAN ENVIRONMENTS. URBAN ALCHERY PRACTITIONERS WORK IN INFERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INFERENCION OF ROMELESSNESS, ADDICTION, AND MENTAL ILLINESS, DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHERY PRACTICIPARES' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC ENTHRONG, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 40 (Code:) (Expenses \$					
PRACTITIONERS" TO PROVIDE CLEAN AND SAFE PUBLIC FACILITIES IN URBAN AREAS, CURRENTLY SAN FRANCISCO AND LOS ANGELES. URBAN ALCHEMY AINS TO PROVIDE OPFORTUNITIES FOR FORMER LONG-TEEM OPFENDERS AND TO REDUCE RECIDIVISM AND SIMULANEOUSLY TRANSFORM THE ENREGY OF THE MOST CRAOTIC PLACES IN URBAN ENVIRONMENTS. URBAN ALCHEMY PRACTITIONERS MORE IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INFERSECTION OF HOMELESSES, ADDICTION, AND MENTAL LLINESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOK, TO ENSURE THE ELEVENTORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 40 (code:) (Expenses \$			\$	22,116	,475.
AREAS, CURRENTLY SAN FRANCISCO AND LOS ANGELES. URBAN ALCHEMY AIMS TO PROVIDE OPPORTUNTITES FOR FORMER LONG-TERM OPFENDERS AND TO REDUCE RECIDIVERS AND SIMULTANEOUSLI PRANEFORT THE BURRY OF THE MOST CHAOTIC PLACES IN URBAN ENVIRONMENTS. URBAN ALCHEMY FRACTITIONERS WORK IN INFERIM HOUSING FACILITIES AND OFHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INFERSECTION OF HOMBLESSNESS, ADDICTION, AND MENTAL ILLINESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEARING THE STRATES, TO MONITORING A FUELCE BATTIREOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 40 (Code:) (Expenses §					
PROVIDE OPPORTUNITIES POR FORMER LONG-TERM OPPENDERS AND TO REDUCE RECIDIVISM AND SIMULTANBOUSLY TRANSPORT THE ENERGY OF THE MOST CHAOTIC PLACES IN URBAN BLOTTONMENTS. URBAN ALCHEMY PRACTITIONERS WORK IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF MOMELESANDSS, ADDICTON, AND MENTAL ILLINES, DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAPE AND CLEAN FOR (SEE SCHEDULE O) 40 (Code) (Expenses \$ including grants of \$) (newnue \$					
RECIDIVISM AND SIMULTANEOUSLY TRANSPORM THE ENERGY OF THE MOST CHAOTIC PLACES IN URBAN ENVIRONMENTS. UBBAN ALCEMY FRACTIONERS WORK IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF MORELESSNESS, ADDICTION, AND MENTAL ILLINESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCEMY FRACTITIONERS'SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 40 (Code) (Expenses \$					
PLACES IN URBAN ENVIRONMENTS. UBBAN ALCHEMY PRACTITIONERS WORK IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MORE IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MORE TIMEACTED BY THE INTERSECTION OF HOMELESSNESS, ADDICTION, AND MENTAL ILLNESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STRAFT, TO MONIFORING A PUBLIC BARTHROM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 40 (Code:) (Expenses S including grants of S) (Revenue S)		PROVIDE OPPORTUNITIES FOR FORMER LONG-TERM OFFENDERS AND TO REDUCE			
URBAN ALCHEMY PRACTITIONERS KORK IN INTERIM HOUSING FACILITIES AND OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF HOMELESSNESS, ADDICTION, AND MENTAL ILLENSS, DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 40 (code:) (Expenses S including grants of S) (Revenue S 		RECIDIVISM AND SIMULTANEOUSLY TRANSFORM THE ENERGY OF THE MOST CHAOTIC			
OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF HOMBLESSNESS, ADDICTION, AND MENTAL ILLESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, UBBAN ALCHEMY PRATTITUORES' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 40 (Code:) (Expenses \$		PLACES IN URBAN ENVIRONMENTS.			
HOMELESSNESS, ADDICTION, AND MENTAL ILLNESS. DEPENDING ON THE PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 4b (Code:)(Expenses \$		URBAN ALCHEMY PRACTITIONERS WORK IN INTERIM HOUSING FACILITIES AND			
PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE 0) 40 (Code:) (Expenses \$ including grants of \$) (Revenue \$ 		OTHER URBAN SPACES THAT ARE MOST IMPACTED BY THE INTERSECTION OF			
CLEANING THE STREETS, TO MONITORING À PUBLIC BATHROOM, TO ENSURE THE ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 40 (Code:) (Expenses S including grants of \$) (Revenue S 		· · · ·			
ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O) 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$		PARTICULAR ASSIGNMENT, URBAN ALCHEMY PRACTITIONERS' SERVICES RANGE FROM			
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$		CLEANING THE STREETS, TO MONITORING A PUBLIC BATHROOM, TO ENSURE THE			
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 45,020,871.		ELEVATORS IN THE BART STATION ARE SAFE AND CLEAN FOR (SEE SCHEDULE O)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 45,020,871.					
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e) (Revenue \$) 45,020,871.					
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 45,020,871. Form 95	4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 45,020,871. Form 95					
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 45,020,871. Form 95					
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 45,020,871. Form 95					
4e Total program service expenses ► 45,020,871. Form 99	4d			\	
Form 99	4.)	
	40	Total program service expenses P 40,020,071.		O(
32002 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)	32002				v (2021

Form	990 (2021) URBAN ALCHEMY 82-540	8579	Р	age 3
Par	t 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	
				<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
_	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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, Par	<i>t</i> / 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	/		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	. 8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,		x	
	Part VI	. <u>11a</u>	^	<u> </u>
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		X
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		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
40-				<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. <u>12a</u>	X	┣──
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			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?			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		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16				v
	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	L	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
				<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		0000	X
132003	3 12-09-21	Form	990	(2021)

Form 990 (2021) URBAN ALCHEMY 82-5408	579	P	age 4
Part IV 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a 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	. 25 a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Schedule L, Part I	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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		X
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):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28 b		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
contributions? If "Yes," complete Schedule M	30		X
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			77
Schedule N, Part II	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
Part V, line 1			X X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. <u>35b</u>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
If "Yes," complete Schedule R, Part V, line 2	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance	. 38	Δ	
Check if Schedule O contains a reasonance or note to any line in this Bert V			
Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1. Enter the number reported in box 2 of Form 1006 Enter 0 if not applicable	15	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
(gambling) winnings to prize winners?	1c	x	
132004 12-09-21		990	(2021)

	990 (2021) URBAN ALCHEMY	82-54085	79	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 132	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
Ŭ	to file Form 8282?	•	7c		x
d		7d	10		
	It "Yes," indicate the number of Forms 8282 filed during the year		7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		7e 7f		x
t a					<u> </u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7b		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
с 	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106	-		
11	Section 501(c)(12) organizations. Enter:	11			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			ļ
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	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, any disqualified person, or mine operator 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.				
132005	12-09-21 6		Form	990	(2021)

23300506 701245 125888.3

2021.05080 URBAN ALCHEMY

Form	990 (2021) URBAN ALCHEMY		82-540	8579	Р	age 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and f	or a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstructions.			
	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		4		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			<u>10b</u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	? 11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13		<u>x</u>
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 approva	l by ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				X	<u> </u>
b	Other officers or key employees of the organization			15 b	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 arrangen	nent w	ith a			
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
0	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 CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c	:)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and finan	cial	
	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 boo	oks and	d records			
	ARMANINO LLP - (925) 790-2600					
	12657 ALCOSTA BLVD. SUITE 500, SAN RAMON, CA 94583			-	000	(000 !)
132006	12-09-21 7			Forn	1990	(2021)
005	06 701245 125888.3 2021.05080 URBAN AL	ייםני	ν		1 ว	588
000	33 31243 12300000	لنتبيت	- - - -		ㅗ᠘	2000

233

^{8.1}

Form 990 (2021)	URBAN ALCHEMY	82-5408579	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VI	I	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensi	ated Employees	
1a Complete this table	for all persons required to be listed. Report compensation for t	he calendar year ending with or within the organization	on's tax year.
	anization's current officers, directors, trustees (whether individ , (E), and (F) if no compensation was paid.	uals or organizations), regardless of amount of compo	ensation.
 List all of the orga 	anization'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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average			Position not check more than one				Reportable	Estimated	
	hours per	box	box, unless		ss person is both an d a director/trustee)			compensation	compensation	amount of
	week							from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LENA MILLER	40.00	_	_	-			-			
CHIEF EXECUTIVE OFFICER		1		х				214,118.	0.	4,795.
(2) RON WILSON	40.00									
CHIEF OPERATING OFFICER				х				166,626.	0.	5,294.
(3) MICHAEL ANDERER	40.00									
CHIEF SYSTEMS ENGINEER						х		100,106.	٥.	4,242.
(4) JALYNNE SANTIAGO	40.00									
CHIEF FINANCIAL OFFICER(LEFT 5/2022)				х				27,417.	٥.	643.
(5) JEFF KOSITSKY	40.00									
DIRECTOR OF ADVANCEMENT/INTERIM CFO				Х				24,750.	٥.	0.
(6) LOLA WHITTLE	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) DAROLYN DAVIS	2.00									
TREASURER		Х		Х				0.	٥.	0.
(8) DIONJAY BROOKTER	2.00									
SECRETARY		Х		Х				0.	٥.	0.
(9) JAMES BASKIN	2.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
		-								
										Form 990 (2021)
132007 12-09-21										Form ∃∃U (2021)

132007 12-09-21

Form **990** (2021)

	990 (2021) URBAN ALCHEMY									82-54	0857	9	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position check more than one ess person is both an nd a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related		other				
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
	Subtotal								533,017.		0.		14,	974.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 533,017.		0. 0.		14,	0. 974.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			3
											1		Yes	No
3	Did the organization list any former officer,				•	•		Ŭ		•		3		X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	otł	ner compensation from t	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	sati	on fi	rom	any	unre	late	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor										pensat	ion fro	om	
	the organization. Report compensation for t (A)	he calendar ye	ear e	ndir	ng w	ith c	or wit	:hin	the organization's tax y	ear.		(0	;)	
	Name and business	address							Description of s	ervices	С	ompe		n
	NINO LLP, 12657 ALCOSTA BLVD. SUI	TE							A GOLDIETNG AND GON	au stna			670	0 5 1
500,	SAN RAMON, CA 94583								ACCOUNTING AND CON	SULTING			070,	051.
	Tabel success of the design of													
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	JUIN	nteo	J (01		se list 1	led	above) who received mo	ภาย แทสก				

Form	1 990	2021) URBAN A					82-540857	9 Page 9
Pa	rt VI	Statement of Reven	nue					
		Check if Schedule O cont	ains a response	or note to any line		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	I							
S, G	(Fundraising events	1c					
Gift lar /	(Related organizations	1d					
imi)	(5 (25,891,257.				
er S	1	All other contributions, gifts, gran		0 000 506				
Offici D		similar amounts not included above		2,982,586.				
nd	9			>	28,873,843.			
0 0	1	Total. Add lines 1a-1f		Business Code	10,010,010.			
Ð	2 8	WORKFORCE DEVELOPMENT		900099	22,116,475.	22,116,475.		
, vice	-					, ,		
am Ser	(
am	(
Program Service Revenue	(
đ	1	All other program service reve						
		Total. Add lines 2a-2f			22,116,475.			
	3	Investment income (including						
	4	other similar amounts) Income from investment of tax						
	5	Royalties						
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	I							
	(Rental income or (loss) 6c						
	(· · · · · · · · · · · · · · · · · · ·		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
đ	1	Less: cost or other basis						
evenue		and sales expenses 7b Gain or (loss) 7c						
		Net gain or (loss)						
Other R	8 8	Gross income from fundraising ev	/ents (not					
đ		including \$						
		contributions reported on line	1c). See					
		Part IV, line 18						
	I							
	0			▶				
	98	Gross income from gaming ac Part IV, line 19						
	,	Less: direct expenses						
			·····	>				
		Gross sales of inventory, less	-	-				
		and allowances						
	ł	Less: cost of goods sold						
	(Net income or (loss) from sale	s of inventory	····· ►				
SI				Business Code	160 284			160 281
leor	11 a	STATE COMPENSATION INS MISC INCOME	ORANCE FUND	900099 900099	160,374. 29,153.			160,374. 29,153.
ven		MISC INCOME		300033	23,133.			29,133.
Miscellaneous Revenue		All other revenue						
Σ		Total. Add lines 11a-11d			189,527.			
_	12	Total revenue. See instructions			51,179,845.	22,116,475.	0.	189,527.
13200	9 12-0							Form 990 (2021

	Check if Schedule O contains a response				<u></u>
	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				
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	758,846.	216,462.	400,509.	141,87
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	31,479,572.	30,948,962.	504,025.	26,58
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,235,429.	3,137,627.	81,372.	16,43
0	Payroll taxes	2,858,375.	2,764,036.	79,441.	14,89
1	Fees for services (nonemployees):		, , , -	, -	,
	Management				
a b		75,863.		75,863.	
		400,240.		400,240.	
	Accounting	400,240.		400,240.	
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 400 050	600 214	404 000	000 55
	column (A), amount, list line 11g expenses on Sch 0.)	1,409,073.	690,314.	494,983.	223,77
2	Advertising and promotion	39,621.	33,967.	5,654.	
3	Office expenses	60,726.		60,726.	
4	Information technology	231,215.	143,960.	59,807.	27,44
15	Royalties				
6	Occupancy	897,146.	614,826.	282,320.	
7	Travel	212,442.	146,528.	65,914.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	66,938.		66,938.	
0	Interest	13,256.		13,256.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	15,809.	15,809.		
3	Insurance	3,908,479.	3,624,032.	264,915.	19,53
4	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	PROGRAM SUPPLIES	2,349,436.	2,118,687.	230,749.	
b	EQUIPMENT RENTAL	474,943.	474,943.	,	
c	CLEANING SUPPLIES	90,718.	90,718.		
d	LEGAL SETTLEMENT	37,500.	, ,	37,500.	
	All other expenses				
		48,615,627.	45,020,871.	3,124,212.	470,54
e	Total functional expenses Add lines 1 through 24o				
e 25	Total functional expenses. Add lines 1 through 24e	40,013,027.		, , ,	,
	Joint costs. Complete this line only if the organization	40,013,027.			, ,
e 25		40,013,027.			,

23300506 701245 125888.3

Form 990 (2021)

Form 990 (2021)

URBAN ALCHEMY Part IX Statement of Functional Expenses

12

Form 990 (2021)
Part X Balance Sheet URBAN ALCHEMY

_

1 4	C/A						
		Check if Schedule O contains a response or no	<u>te to any</u>	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			31,833.	1	1,558.
	2	Savings and temporary cash investments Pledges and grants receivable, net			497,348.	2	2,906,450.
	3				407,500.	3	1,000,000.
	4	Accounts receivable, net			3,392,002.	4	6,644,634.
	5	Loans and other receivables from any current of			, ,		, ,
		-					
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqual					
	ľ	under section 4958(f)(1)), and persons describe		an (059(a)/2)(D)		6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			18,104.	9	0.
				·····	10,101.	9	
	IUa	Land, buildings, and equipment: cost or other	100	130,499.			
		basis. Complete Part VI of Schedule D		17,890.	104,928.	40-	112,609.
		Less: accumulated depreciation		,	104,920.	10c	112,005.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	16.040	14	F0.040		
	15	Other assets. See Part IV, line 11			16,940.	15	58,940.
	16	Total assets. Add lines 1 through 15 (must equ	4,468,655.	16	10,724,191.		
	17	Accounts payable and accrued expenses	2,190,176.	17	4,812,145.		
	18	Grants payable Deferred revenue		CC	18	0.40 500	
	19			66,744.	19	248,728.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unrel	ated third	d parties	0.	23	500,000.
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		····· -		25	
	26	Total liabilities. Add lines 17 through 25			2,256,920.	26	5,560,873.
~		Organizations that follow FASB ASC 958, ch	eck here				
ő		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		·····	2,211,735.	27	3,976,827.
Ba	28	Net assets with donor restrictions		······	0.	28	1,186,491.
pur		Organizations that do not follow FASB ASC 9	958, cheo	ck here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.					
N N	29	Capital stock or trust principal, or current funds	;			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, o	r other funds		31	
Net	32	Total net assets or fund balances			2,211,735.	32	5,163,318.
1	33	Total liabilities and net assets/fund balances			4,468,655.	33	10,724,191.

82-5408579 Page **11**

23300506 701245 125888.3

Form 990	0 (2021) URBAN ALCHEMY	82-5408579)	Pag	_{ge} 12
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 To ⁻	al revenue (must equal Part VIII, column (A), line 12)	1	51,	179,	845.
2 To	al expenses (must equal Part IX, column (A), line 25)	2	48,	615,	627.
3 Re	venue less expenses. Subtract line 2 from line 1	3	2,	564,	218.
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	211,	735.
5 Ne	t unrealized gains (losses) on investments	5			
6 Do	nated services and use of facilities	6			
7 Inv	estment expenses	7			
	or period adjustments	8		-65,	000.
9 Ot	ner changes in net assets or fund balances (explain on Schedule O)	9		452,	365.
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	uṃn (B))	10	5,	163,	318.
Part X	II Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Ac	counting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 📃 Other				
	ne organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a We	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf "	Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
se	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b We	re the organization's financial statements audited by an independent accountant?		2b	X	
lf "	Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
_	nsolidated basis, or both:				
2	Separate basis Consolidated basis Both consolidated and separate basis				
	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·			
rev	iew, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf t	ne organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
Ac	and OMB Circular A-133?		3a		x
blf"	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public

	ion	
lauran	i de setifie e tie se	

Nan						r identification number						
			ALCHEMY						82-5408579			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(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 orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	-	ntial part of its support f	rom a gove	ernmental	unit or from th	e general l	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research org	•			-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or			
		university:										
10		An organization that norma										
		activities related to its exem		-					-			
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	after June 30, 1975.			
44		See section 509(a)(2). (Con	• •	volute test for public co	fatu Caa	ocotion El	O(a)(4)					
11 12	H	An organization organized a	-	•	•			rn / out tho	purpasso of ana ar			
12		An organization organized a more publicly supported or	-	-	-			•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •					-	aivina			
u	L	the supported organization		-	• • • •	-						
		organization. You must c			indjointy c				sporting			
b		Type II. A supporting org	-		tion with its	s supporte	ed organizatio	n(s), by hay	vina			
		control or management o	-				-		-			
		organization(s). You mus										
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organization						, 0	,			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information				-insting listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Tota												
Tota							1		1			

Sch		RBAN ALCHEMY				82-54085	i ugo 🗖
Pa	IT II Support Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	if the organization	n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part III	.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		35,983.	8,776,504.	15,751,035.	28,873,843.	53,437,365.
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		35,983.	8,776,504.	15,751,035.	28,873,843.	53,437,365.
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)						426,927.
6	Public support. Subtract line 5 from line 4.						53,010,438.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		35,983.	8,776,504.	15,751,035.	28,873,843.	53,437,365.
8	Gross income from interest,		,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1.	360.	0.	361.
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.)				26,400.	189,527.	215,927.
11	Total support. Add lines 7 through 10				,	,	53,653,653.
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	35,533,569.
	First 5 years. If the Form 990 is for the	•	,			· · · · · ·	
	organization, check this box and sto						
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, co	olumn (f))		14	%
15	Public support percentage from 2020					15	%
1 6a	33 1/3% support test - 2021. If the					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	sbox
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	5	
b	0 10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18			•				

Schedule A (Form 990) 2021

82-5408579

132022 01-04-22

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	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						
	Add lines 7a and 7b						
$\frac{8}{\text{Sec}}$	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(6) 2010	(0) 2013	(0) 2020		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	rcentage			<u> </u>	
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	-					e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	anization qualifies	as a publicly supp	orted organizatio	on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	
13202	23 01-04-22					Schedul	e A (Form 990) 2021

¹⁶ 2021.05080 URBAN ALCHEMY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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.)

132024 01-04-21



17 2021.05080 URBAN ALCHEMY

	Image: Supporting Organizations Continued	82-5408579	Pa	age 5
r a			Yes	No
1	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		
ec	tion B. Type I Supporting Organizations		r – –	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of c more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	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 supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
_	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,			
ec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	144
•	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		
ec	tion D. All Type III Supporting Organizations	· ·		
			Yes	N
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		
ec	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 year (see inst	ructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
3202	5 01-04-22	Schedule A (For	m 990)	202

URBAN ALCHEMY

Schedule A (Form 990) 2021

82-5408579

Page 5

18 2021.05080 URBAN ALCHEMY

9 Page	82-5408579			ule A (Form 990) 2021 URBAN ALCHEMY	
					Pa
instructions	Part VI). See inst			Check here if the organization satisfied the Integral Part Test as a qualifyir	1
		Sections A through E.	<u>t complete S</u>	All other Type III non-functionally integrated supporting organizations mus	
irrent Year otional)	(B) Current (option	(A) Prior Year		on A - Adjusted Net Income	ect
			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
				Portion of operating expenses paid or incurred for production or	6
				collection of gross income or for management, conservation, or	
			6	maintenance of property held for production of income (see instructions)	
			7	Other expenses (see instructions)	7
			8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
	(B) Current (option	(A) Prior Year		on B - Minimum Asset Amount	ect
				Aggregate fair market value of all non-exempt-use assets (see	1
				instructions for short tax year or assets held for part of year):	
			1a	Average monthly value of securities	а
			1b	Average monthly cash balances	b
			1c	Fair market value of other non-exempt-use assets	С
			1d	Total (add lines 1a, 1b, and 1c)	d
				Discount claimed for blockage or other factors	е
				(explain in detail in Part VI):	
			2	Acquisition indebtedness applicable to non-exempt-use assets	2
			3	Subtract line 2 from line 1d.	3
				Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4
			4	see instructions).	
			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
ent Year	Current `			on C - Distributable Amount	ect
			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
				Distributable Amount. Subtract line 5 from line 4, unless subject to	6
			6	emergency temporary reduction (see instructions).	
	anization (see	d Type III supporting org	Ily integrated	Check here if the current year is the organization's first as a non-functiona	7
		d Type III supporting org	1 2 3 4 5 6	Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	5 ect

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 URBAN ALCHEMY				82-5408579	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	_	
Secti	on D - Distributions				Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 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) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount				-	
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

	00 5400550
Schedule A (Form 990) 2021 URBAN ALCHEMY Part VI Supplemental Information. Provide the explanations required by Part II line 10: Part II line	82-5408579 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B	B. lines 1 and 2: Part IV. Section C.
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line	1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	y additional information.
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
INSURANCE REFUND	
2020 AMOUNT: \$ 26,400.	
2021 AMOUNT: \$ 160,374.	
MISC INCOME	
2021 AMOUNT: \$ 29,153.	
132028 01-04-22	Schedule A (Form 990) 20
21	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

_	URBAN ALCHEMY	82-5408579	
Organization type (cheo	sk one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
, ,	on is covered by the General Rule or a Special Rule.		
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.	

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test 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).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page
Name of or	rganization	Em	ployer identification number
URBAN AL	CHEMY		82-5408579
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$11,648,452	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$4,343,291	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
3	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,586,489	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$633,974	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$485,554	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization	E	mployer identification number
URBAN AL	CHEMY		82-5408579
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$269,50	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$241,65	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,000,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$86,70	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$50,00	00. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

125888.1

	3 (Form 990) (2021)		Page
Name of or	rganization		Employer identification number
URBAN AL	CHEMY		82-5408579
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
13		\$50,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14		\$40,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15			Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16		\$ 30 ,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
17		\$25,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
18		\$25,	000. Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page
Name of or	rganization	Er	nployer identification number
URBAN AL	CHEMY		82-5408579
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$25,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$10,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization	Em	ployer identification number
URBAN AL	CHEMY		82-5408579
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

28

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
URBAN AL	CHEMY		82-5408579
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
123453 11-11	-21		Schedule B (Form 990) (2021)

23300506 701245 125888.3

ame of or	ganization			Employer identification number	
RBAN ALO	CHEMY			82-5408579	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	(a) through (e) and the following line ent , charitable, etc., contributions of \$1,000 or I	ry. For organizations		
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Des	(d) Description of how gift is held	
Part I					
		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee	
(a) No			1		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
ŀ		(e) Transfer of gift			
F	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) Desa	cription of how gift is held	
		(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) Des	cription of how gift is held	
Part I					
		(a) Transfor of citt			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
3454 11-11-	21	30		Schedule B (Form 990) (2	

23300506 701245 125888.3

2021.05080 URBAN ALCHEMY

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer	identification	number
----------	----------------	--------

82-	F /	Λ Ο	570	2
02-	54	00	572	7

	URBAN ALCHEMY			82-5408579
Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Acc	counts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		•	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		ed funds	
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			•
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	i i i i i i i i i i i i i i i i i i i	a histori	cally important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form (of a cons	servation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rel			ation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion ease	ments during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that	describes the
Dor	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	hor Sir	milor Accoto
Par			ner Sir	Illiar Assels.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for put			e of public
	service, provide in Part XIII the text of the footnote to its finar			hand we let a f
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance c	of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$ ▶ \$
0		asures or other similar assets for financial		
2	If the organization received or held works of art, historical tree the following amounts required to be reported under EASE A		gain, pr	
-	the following amounts required to be reported under FASB A	-		•
	Revenue included on Form 990, Part VIII, line 1			▶ \$ ▶ \$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions	for Form 990		Schedule D (Form 990) 2021
	10-28-21			
10200	10-20-21			

31 2021.05080 URBAN ALCHEMY

Sche	dule D (Form 990) 2021 URBAN ALCH	EMY						82-540	8579	Р	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	^r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, access	on, and other record	s, check	any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	ım					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similai	r assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "	Yes" or	n Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contribution	s or other ass	ets not	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	ıt	
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						1 f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete								()5		
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three	years back	(e) Fou	r years	back
1 a	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 cur			g, column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	% %									
с	Term endowment										
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that	t are hold ar	ad administor	od for th	a araaniz	otion			
Ja	by:			t are neiu ai			le organiz	alion		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								_ 0.2		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	Accumulat		(d) Boo	k valu	e
1 a	Land	`	,								
	Buildings										
	Leasehold improvements				23,490.			522.		22,	968.
	Equipment				107,009.		17	368.		89,	641.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (B) line 1	0c)					112,	609.
	S (Soluminity music	and the second s						<u> </u>	- /-		

Schedule D (Form 990) 2021

132052 10-28-21

23300506 701245 125888.3

	stments - Other Securities. plete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	atives	()		,
	quity interests			
(3) Other	1			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must	equal Form 990, Part X, col. (B) line 12.) 🕨			
	stments - Program Related.			
	blete if the organization answered "Yes" o			
(a) [Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990, Part X, col. (B) line 13.) 🕨			
	er Assets.			
Comp	blete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<i>must equal Form 990, Part X, col. (B) line</i> er Liabilities.	15.)		
		- Faure 000 David IV (line		
		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability			(b) Book value
(1) Federal inc	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990. Part X. col. (B) line	25.)		

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

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 URBAN ALCHEMY		82-5408	579 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line ⁻	l2a.		
1	Total revenue, gains, and other support per audited financial statements		1	51,179,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	51,179,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			51,179,845.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	I2a.		
1	Total expenses and losses per audited financial statements		1	48,615,627.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			48,615,627.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			48,615,627.
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION DEFINED IN SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME

TAXATION UNDER SECTION 501(A) OF THE CODE. THE ORGANIZATION IS ALSO EXEMPT

FROM STATE INCOME TAXATION UNDER 23701(D) OF THE CALIFORNIA REVENUE AND

TAXATION CODE.

GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY

AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS

CONSIDERED ITS TAX POSITIONS AND BELIEVES ALL OF THE POSITIONS TAKEN BY

THE ORGANIZATION ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON

EXAMINATION.

132054 10-28-21

Cabadula D (C	

Schedule D (Form 990) 2021

132055 10-28-21

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)		rs, Trustees, Key Employees, and Highest		20	91	I
			pensated Employees		20		1
Dopo	rtment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.	Open to Public			ic
	al Revenue Service		0 for instructions and the latest information.	Inspection			
Nam	ne of the organization	1		Employer id	entificatio	on nur	nber
		URBAN ALCHEMY		82-54	08579		
Pa	rt I Question	Regarding Compensation			T		
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele	vant information regarding these items.				
	First-class or c		Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary	pending account	Personal services (such as maid, chauffeu	ır, chef)			
	If you of the st		fellen en alter e l'alter e l'a				
b	-	·	follow a written policy regarding payment or				
~	•	rovision of all of the expenses described ab			1 b		
2			or allowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2		
•							
3			establish the compensation of the organization's				
		,	boxes for methods used by a related organization	on to			
	·	tion of the CEO/Executive Director, but exp					
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of o	her organizations	Approval by the board or compensation c	ommittee			
4	During the year. did	any person listed on Form 990, Part VII, Se	ction A. line 1a. with respect to the filing				
	organization or a re	• •	, , , , , , , , , , , , , , , , , , , ,				
а	•	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonquali					x
с	Participate in or rec	eive payment from an equity-based compen					x
	-	es 4a-c, list the persons and provide the ap	-				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				. 5a		x
							x
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				. 6a		x
							x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III			. 7		x
8	Were any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to th	e			
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
	Regulations section	53.4958-6(c)?			. 9		
LHA		eduction Act Notice, see the Instructions			ıle J (Form	1 990)	2021

132111 11-02-21

23300506 701245 125888.3

82-5408579

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	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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) LENA MILLER	(i)	214,118.	0.	0.	0.	4,795.	218,913.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) RON WILSON	(i)	166,626.	0.	0.	0.	5,294.	171,920.	0.	
CHIEF OPERATING OFFICER	(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)								

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 82-5408579

URBAN ALCHEMY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PASSENGERS WITH DISABILITIES, SMALL CHILDREN AND STROLLERS, AND

LUGGAGE. AS A RESULT OF THESE SERVICES, LOCAL COMMUNITIES HAVE

EXPRESSED SIGNIFICANTLY CLEANER, SAFER URBAN ENVIRONMENTS. URBAN

ALCHEMY PRACTITIONERS ALSO FEEL BETTER CONNECTED TO THEIR COMMUNITIES

AND ARE EMPOWERED TO CONTINUE AS PRODUCTIVE, HAPPY, AND HEALTHY MEMBERS

OF SOCIETY.

THE ORGANIZATION HAS OPERATIONS IN SAN FRANCISCO AND LOS ANGELES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES AUTHORIZED TO ACT ON BEHALF

OF THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS ARE PROVIDED A COMPLETE COPY OF FORM 990 FOR REVIEW

BEFORE FILING. FORM 990 IS SENT VIA DOCUSIGN FOR ACKNOWLEDGMENT OF RECEIPT.

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

EACH DIRECTOR AND OFFICER SHALL ANNUALLY SIGN AN ACKNOWLEDGMENT STATEMENT

THAT AFFIRMS THE DIRECTOR OR OFFICER RECEIVED A COPY OF THE CONFLICT OF

INTEREST POLICY, READ AND UNDERSTANDS THE POLICY, AGREES TO COMPLY WITH THE

POLICY, AND UNDERSTANDS TO ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH

THE ORGANIZATION'S TAX-EXEMPT PURPOSE.

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

Schedule O (Form 990) 2021

Name of the organization

URBAN ALCHEMY

Page 2 Employer identification number 82-5408579

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF ANY ACTUAL OR POSSIBLE
CONFLICT OF INTEREST OCCURS, AN INTERESTED PERSON MUST DISCLOSE ALL
MATERIALS FACTS TO THE GOVERNING BOARD TO CONSIDER THE PROPOSED TRANSACTION
OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL
MATERIALS FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE
INTERESTED PERSON SHALL LEAVE THE GOVERNING BODY MEETING WHILE THE
DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE
REMAINING BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.
IF THE GOVERNING BOARD HAS A REASONABLE CAUSE TO BELIEVE A MEMBER HAS
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL
INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND ALLOW THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING
THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED
BY THE CIRCUMSTANCES, THE GOVERNING BOARD DETERMINES THE MEMBER HAS FAILED
TO DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY
AND CORRECTIVE ACTION.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS SHALL REVIEW AND APPROVE THE COMPENSATION OF THE
CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL
OFFICER THROUGH THE USE OF COMPARABLE DATA FOR SIMILAR POSITIONS AT SIMILAR

OFFICER THROUGH THE USE OF COMPARABLE DATA FOR SIMILAR POSITIONS AT SIMILAR

ORGANIZATIONS AND ENSURES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING

FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization URBAN ALCHEMY		Employer identification numbe 82-5408579
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONF		
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PU	BLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FINANCIAL STATEMENTS WERE RESTATED DUE TO TIMING OF		
CONTRIBUTION REVENUE.	452,365.	
132212 11-11-21		Schedule O (Form 990) 202
	41	

41 2021.05080 URBAN ALCHEMY