

Oliver W. Bowie, LLC
1014 Homeland Ste 102
Greensboro, NC 27405
336-273-9461

November 7, 2022

CONFIDENTIAL

SIT IN MOVEMENT, INC
134 S. ELM ST.
GREENSBORO, NC 27401

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Oliver W. Bowie
Oliver W. Bowie, LLC

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

56-1856093

SIT IN MOVEMENT, INC

Net Asset / Fund Balance at Beginning of Year

15,123,539

Revenue

541,457

Contributions

Program service revenue

Investment income

Capital gain / loss

Fundraising / Gaming:

Gross revenue

Direct expenses

Net income

Other income

Total revenue

Expenses

451,082

Program services

Management and general

Fundraising

Total expenses

642,380

Excess / (deficit)

54,807

Net Asset / Fund Balance at End of Year

15,178,346

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Reconciliation of Revenue

1,391,458

Total revenue per financial statements

694,271

Less: Unrealized gains

Donated services

Recoveries

Other

Plus: Investment expenses

Other

697,187

Total revenue per return

16,212,507

1,088,968

Assets

15,123,539

Liabilities

1,172,065

Net assets

15,178,346

16,350,411

Miscellaneous Information

Amended return

Return / extended due date

Failure to file penalty

11/15/22

Balance Sheet

Ending

16,350,411

1,172,065

15,178,346

Differences

54,807

Reconciliation of Expenses

1,306,436

Total expenses per financial statements

664,056

Less: Donated services

Prior year adjustments

Losses

Other

Plus: Investment expenses

Other

Total expenses per return

642,380

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2021

For calendar year 2021, or fiscal year beginning ... 2021, and ending ...

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service

Name of filer

SIT IN MOVEMENT, INC

56-1856093

EIN or SSN

Name and title of officer or person subject to tax

EARL JONES

VICE-CHAIRMAN

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 10 rows (1a-10a) for Declaration and Signature Authorization of Officer or Person Subject to Tax. Includes fields for Total revenue, Total tax, Balance due, and Amount of credit payment requested.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have obtained a copy of the 2021 electronic return and accompanying schedules, and to the best of my knowledge and belief, the return, the electronic return, and the information shown on the copy of the electronic return I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

I authorize Oliver W. Bowie, LLC

81420

Enter five numbers, but do not enter all zeros as my signature to enter my PIN

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) (regulating charities as part of the IRS Fed/State program), I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) (regulating charities as part of the IRS Fed/State program), I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69884581420

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.

OLIVER W. BOWIE

11/07/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2021 Open to Public Inspection

Part I Summary: Form of organization: [X] Corporation, Website: www.sitmovement.org, Tax-exempt status: [X] 501(c)(3), 527, Name and address of principal officer: DR. EDWARD FORT, 701 BLANTON ST., GREENSBORO, NC 27401

Part II Signature Block: 20 Total assets (Part X, line 16): 16,350,411; 21 Total liabilities (Part X, line 26): 1,172,065; 22 Net assets or fund balances: 15,178,346

Part III Activities & Governance: 1 Briefly describe the organization's mission or most significant activities: TO ESTABLISH AND MAINTAIN AN INTERNATIONAL CIVIL RIGHTS MUSEUM. THE MUSEUM WAS COMPLETED IN 2010.

Table with 3 columns: Revenue (Total revenue: 274,589), Expenses (Total fundraising expenses: 21,126), and Net Assets or Fund Balances.

Part IV Sign Here: Signature of officer: EARL JONES, VICE-CHAIRMAN, Date: 11/9/2022

Part V Preparer: Preparer's name: OLIVER W. BOWIE, OLIVER W. BOWIE, Firm's name: OLIVER W. BOWIE, LLC, Firm's EIN: 30-0958625

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.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ESTABLISH AND MAINTAIN AN INTERNATIONAL CIVIL RIGHTS MUSEUM. THE MUSEUM WAS COMPLETED IN 2010.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$) (Revenue \$) TO ESTABLISH AND TO OPERATE AN INTERNATIONAL CIVIL RIGHTS MUSEUM

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4b (Code:) (Expenses \$) (Revenue \$) THE ORGANIZATION PURCHASED THE WOOLWORTH BUILDING FOR RENOVATION AS THE INTERNATIONAL CIVIL RIGHTS MUSEUM IN EARLY 1995. THE MUSEUM WAS OPENED IN 2010 AND OPERATES PROVIDING TOURS AND IT HOUSES A GIFT SHOP. THE MUSEUM OPERATION AND GIFT SHOP WAS FORMED AS AN LLC ENTITY AND FILES FORM 1120 THAT REFLECTS ITS OPERATIONS.

4c (Code:) (Expenses \$) (Revenue \$) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$) (Revenue \$) 4e Total program service expenses 451,082

Part IV Checklist of Required Schedules

56-1856093

1	2	3	4	5	6	7	8	9	10	11	11a	11b	11c	11d	11e	11f	12a	b	12b	13	14a	b	14b	15	16	17	18	19	20a	b	21	21
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	11a	11b	11c	11d	11e	11f	12a	b	12b	13	14a	b	14b	15	16	17	18	19	20a	b	21	21
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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	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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other than in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 13? If "Yes," complete Schedule D, Part VII c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 complete Schedule D, Parts XI and XII is optional	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	Did the organization maintain an office, employees, or agents outside of the United States?	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 1e? If "Yes," complete Schedule G, Part I. See instructions	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	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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II										

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1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10
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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
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 27? 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	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	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 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 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	28a	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 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 Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 11c? All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b**

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," provide an explanation on Schedule O **3b**

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** X

b If "Yes," enter the name of the foreign country **4b**

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **4c**

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **5c**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a** X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a**

b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? **7c**

d If "Yes," indicate the number of Forms 8822 filed during the year **7d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**

g If the organization received a contribution of reallocated charitable property, did the organization file Form 8899 as required? **7g**

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-B? **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. Did the sponsoring organization make any taxable distributions under section 4966? **9a**

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? **9b**

10 Section 501(c)(7) organizations. Enter: **10a**

a Initiation fees and capital contributions included on Part VIII, line 12 **10b**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Enter: **10c**

11 Section 501(c)(12) organizations. Enter: **11a**

a Gross income from members or shareholders **11b**

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11c**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12a**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

13 Section 501(c)(29) qualified nonprofit health insurance issuers. **13a**

a Is the organization licensed to issue qualified health plans in more than one state? **13b**

b Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13c**

c Enter the amount of reserves on hand **13d**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O **14b**

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? **15** X

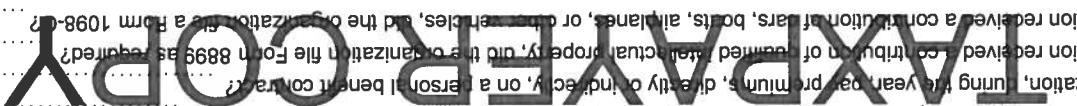
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? **16** X

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? **17**

If "Yes," complete Form 6069.

Form 990 (2021)

DAA



Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 1a-1b rows for governance questions and a Yes/No column. Includes a sub-table for 1b with values 0 and 6.

Section B. Policies (This Section requests information about policies not required by the Internal Revenue Code). Rows 2-9 with Yes/No columns.

Section C. Disclosure

Section C. Disclosure rows 10a-16b with Yes/No columns. Includes a large 'TAXPAYER COPY' watermark.

List the states with which a copy of this Form 990 is required to be filed. None

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	(D) Reportable compensation from the organization (W-2)	(E) Reportable compensation from related organizations (W-2)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HURLEY DERRICKSON	0.00								0	0	0
(2) DOUG HARRIS ESQ	0.00								0	0	0
(3) MELVIN ALSTON	0.00							X	0	0	0
(4) DR. EDWARD FORT	0.00							X	0	0	0
(5) DENA HAYES	0.00							X	0	0	0
(6) EARTL JONES	0.00							X	0	0	0
VICE-CHAIRMAN	0.00							X	0	0	0

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

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1b Subtotal	
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0	

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1	(A) Name and business address	(B) Description of services	(C) Compensation
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶			0

Part VIII Statement of Revenue		Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>	
12 Total revenue. See instructions		123,475	0
11a ANNUAL BANQUET		123,475	32,255
b GOLF TOURNAMENT		32,255	32,255
c All other revenue			
d Total. Add lines 11a-11d		155,730	697,187
11e Total revenue. See instructions		123,475	0
10a Gross sales of inventory, less returns and allowances			
b Less: cost of goods sold			
c Net income or (loss) from sales of inventory			
9a Gross income from gaming activities. See Part IV, line 19			
b Less: direct expenses			
c Net income or (loss) from gaming activities			
8a Gross income from fundraising events (not including \$ of contributions reported on line 18)			
b Less: direct expenses			
c Net income or (loss) from fundraising events			
7a Gross amount from sales of assets other than inventory			
b Less: cost or other basis and sales exps.			
c Gain or (loss)			
d Net gain or (loss)			
6a Gross rents			
b Less: rental expenses			
c Rental inc. or (loss)			
d Net rental income or (loss)			
5 Royalties			
4 Income from investment of tax-exempt bond proceeds			
3 Investment income (including dividends, interest, and other similar amounts)			
g Total. Add lines 2a-2f			
2a All other program service revenue			
1a Federated campaigns			
b Membership dues			
c Fundraising events			
d Related organizations			
e Government grants (contributions)		386,213	
f All other contributions, gifts, grants, and similar amounts not included above		155,244	
g Noncash contributions included in lines 1a-1f			
h Total. Add lines 1a-1f		541,457	
(a) Total revenue		541,457	
(b) Related or exempt function revenue			
(c) Unrelated business revenue			
(d) Revenue excluded from tax under sections 512-514			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.			
(A)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		
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		
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	87,781	42,652
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		
9	Other employee benefits	11,245	6,055
10	Payroll taxes	6,430	3,462
11	Fees for services (nonemployees):		
a	Management		
b	Legal		
c	Accounting	42,755	42,755
d	Lobbying		
e	Professional fundraising services. See Part IV, line 11		
f	Investment management fees		
g	Other: (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		
12	Advertising and promotion	14,572	7,847
13	Office expenses		
14	Information technology	699	377
15	Royalties		
16	Occupancy	8,975	4,832
17	Travel		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest	27,353	14,729
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	1,356	730
23	Insurance		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a	DEPRECIATION & AMORTIZATION	259,793	
b	CONSULTANTS	22,536	7,888
c	FUNDRAISING	21,126	
d	MISCELLANEOUS	17,222	
e	All other expenses	18,230	21,623
25	Total functional expenses. Add lines 1 through 24e	451,082	170,172
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)		
Total expenses			
	642,380		21,126
Total expenses			
	39,853		21,126

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Part X Balance Sheet

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

	(A) Beginning of year	(B) End of year
1 Cash—non-interest-bearing	247,161	438,923
2 Savings and temporary cash investments		
3 Pledges and grants receivable, net	45,536	173,317
4 Accounts receivable, net		
5 Loans and other receivables from 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		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges	3,600	75,400
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	23,556,411	
10b Less: accumulated depreciation	7,902,084	
11 Investments—publicly traded securities	402	402
12 Investments—other securities. See Part IV, line 11		
13 Investments—program-related. See Part IV, line 11		
14 Intangible assets	9,042	8,042
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,212,507	16,350,411
17 Accounts payable and accrued expenses	75,054	131,639
18 Grants payable	5,912	122,494
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Loans and other 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		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable to unrelated third parties		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	956,002	917,932
26 Total liabilities. Add lines 17 through 25	1,088,968	1,172,065
27 Net assets without donor restrictions	15,123,539	15,178,346
28 Net assets with donor restrictions		
29 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
29 Capital stock or trust principal, or current funds		
30 Paid-in or capital surplus, or land, building, or equipment fund		
31 Retained earnings, endowment, accumulated income, or other funds		
32 Total net assets or fund balances	15,123,539	15,178,346
33 Total liabilities and net assets/fund balances	16,212,507	16,350,411

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	697,187
2	Total expenses (must equal Part IX, column (A), line 25)	642,380
3	Revenue less expenses. Subtract line 2 from line 1	54,807
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	15,123,539
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	15,178,346

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other Other explain on Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or completion of its financial statements and selection of an independent accountant? Yes No

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b Yes No

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SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

Name of the organization

SIT IN MOVEMENT, INC

Employer identification number

56-1856093

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iiii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college or agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 170(c)(1) or section 170(a)(2). See section 509(a). Check the box on lines 11a through 12 that describes the type of supported organization(s) and complete lines 11e, 12f, and 12g.

- a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing documents?, (v) Amount of monetary support, (vi) Amount of other support, (A) through (E), Total.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

15 Public support percentage from 2020 Schedule A, Part II, line 14

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

15	100.00 %
14	98.52 %

Section C. Computation of Public Support Percentage

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

12 Gross receipts from related activities, etc. (see instructions)

11 Total support. Add lines 7 through 10 (Explain in Part VI.)

10 Other income. Do not include gain or loss from the sale of capital assets

9 Net income from unrelated business activities, whether or not the business is regularly carried on

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

7 Amounts from line 4

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	156,141	113,587	116,554	274,589	523,713	1,184,584
8						
9						
10						
11					17,744	17,744
12						32,255
13						

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Section B. Total Support

6 Public support. Subtract line 5 from line 4 shown on line 11, column (f)

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

4 Total. Add lines 1 through 3

3 The value of services or facilities furnished by a governmental unit to the organization without charge

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	156,141	113,587	116,554	274,589	523,713	1,184,584
2						
3						
4	156,141	113,587	116,554	274,589	523,713	1,184,584
5						
6						

Section A. Public Support

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

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

18 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18	Investment income percentage from 2020 Schedule A, Part III, line 17	%
17	Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	%

Section D. Computation of Investment Income Percentage

16	Public support percentage from 2020 Schedule A, Part III, line 15	%
15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	%

Section C. Computation of Public Support Percentage

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

13	Total support. (Add lines 9, 10c, 11, and 12.)				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				
9	Amounts from line 6				

Section B. Total Support

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total

8	Public support. (Subtract line 7c from line 6.)				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				
7b	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				
7c	Add lines 7a and 7b				
6	Total. Add lines 1 through 5				
5	The value of services or facilities furnished by a governmental unit to the organization without charge				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				
3	Gross receipts from activities that are not an unrelated trade or business under section 513				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				

Section A. Public Support

(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.)

10b		10b	
10a		10a	
9c		9c	
9b		9b	
9a		9a	
8		8	
7		7	
6		6	
5c		5c	
5b		5b	
5a		5a	
4c		4c	
4b		4b	
4a		4a	
3c		3c	
3b		3b	
3a		3a	
2		2	
1		1	

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Section A. All 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.)

Part IV Supporting Organizations (continued)

Table with 3 columns: Question number (11), Question text, and Yes/No response columns.

Section B. Type I Supporting Organizations

Table with 3 columns: Question number (1, 2), Question text, and Yes/No response columns.

Section C. Type II Supporting Organizations

Table with 3 columns: Question number (1), Question text, and Yes/No response columns.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question number (1, 2, 3), Question text, and Yes/No response columns.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question number (1, 2, 3), Question text, and Yes/No response columns.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

Table with 8 rows for Section A. Columns: (A) Prior Year, (B) Current Year (optional). Rows include: 1 Net short-term capital gain, 2 Recoveries of prior-year distributions, 3 Other gross income, 4 Add lines 1 through 3, 5 Depreciation and depletion, 6 Portion of operating expenses paid or incurred for production or collection of gross income, 7 Other expenses, 8 Adjusted Net Income.

Section B - Minimum Asset Amount

Table with 8 rows for Section B. Columns: (A) Prior Year, (B) Current Year (optional). Rows include: 1 Aggregate fair market value of all non-exempt-use assets, a Average monthly value of securities, b Average monthly cash balances, c Fair market value of other non-exempt-use assets, d Total, e Discount claimed for blockage or other factors, 2 Acquisition indebtedness applicable to non-exempt-use assets, 3 Subtract line 2 from line 1d, 4 Cash deemed held for expenditure, 5 Net value of non-exempt-use assets, 6 Multiply line 5 by 0.035, 7 Recoveries of prior-year distributions, 8 Minimum Asset Amount.

Section C - Distributable Amount

Table with 8 rows for Section C. Columns: (A) Prior Year, (B) Current Year. Rows include: 1 Adjusted net income for prior year, 2 Enter 0.85 of line 1, 3 Minimum asset amount for prior year, 4 Enter greater of line 2 or line 3, 5 Income tax imposed in prior year, 6 Distributable Amount, 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Section E - Distribution Allocations (see instructions)	
Current Year		(i) Excess Distributions	(ii) Pre-2021 Underdistributions
	1 Amounts paid to supported organizations to accomplish exempt purposes		
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
	3 Administrative expenses paid to accomplish exempt purposes of supported organizations		
	4 Amounts paid to acquire exempt-use assets		
	5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
	6 Other distributions (describe in Part VI). See instructions.		
	7 Total annual distributions. Add lines 1 through 6.		
	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
	9 Distributable amount for 2021 from Section C, line 6		
	10 Line 8 amount divided by line 9 amount		
	1 Distributable amount for 2021 from Section C, line 6		
	2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
	3 Excess distributions carryover, if any, to 2021		
	a 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; \$		
	a Applied to underdistributions of prior years		
	b 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:		
	a Excess from 2017		
	b Excess from 2018		
	c Excess from 2019		
	d Excess from 2020		
	e Excess from 2021		

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\$ 17,744

Part II, Line 10 - Other Income Detail

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 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 additional information. (See instructions.)

Part VI

SIT IN MOVEMENT, INC

56-1856093

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For 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 noneclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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)(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.

Special Rules

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.

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General Rule

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

Check if your organization is covered by the General Rule or a Special Rule.

Filers of: Form 990 or 990-EZ [X] 501(c)3 (enter number) organization; Form 990-PF [] 501(c)3 exempt private foundation; [] 527 political organization; [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation; [] 4947(a)(1) nonexempt charitable trust treated as a private foundation; [] 501(c)3 taxable private foundation

Organization type (check one): SIT IN MOVEMENT, INC; Name of the organization; Employer identification number 56-1856093

Schedule B (Form 990) Department of the Treasury Internal Revenue Service; 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 2021

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOOD LION 2100 EXECUTIVE DR. SALISBURY NC 28147	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUKE ENERGY 2500 FAIRFAX RD GREENSBORO NC 27407	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VOLVO 7900 NATIONAL SERVICE ROAD GREENSBORO NC 27409	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF GREENSBORO PO BOX 3136 GREENSBORO NC 27402	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GREENSBORO CONVENTION BUREAU 2411 W. GATE CITY BLVD. GREENSBORO NC 27403	\$ 32,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RALPH LAUREN 2755 NC HIGHWAY 66 KERNERSVILLE NC 27284	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7		TRUIST BANK 150 SOUTH STRATFORD ROAD WINSTON-SALEM NC 27104	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		ELEVATION OUTREACH 11416 E. INDEPENDENCE BLVD. MATTHEWS NC 28105	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
				Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
				Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
				Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
				Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SIT IN MOVEMENT, INC

56-1856093

Employer identification number

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.

Open to Public Inspection

2021

OMB No. 1545-0047

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values.

1 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
2 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose?

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: a, b, c, d. Rows for total number of conservation easements, total acreage, and historic structure.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)?

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	790,000			790,000
b Buildings	14,896,809		3,390,315	11,506,494
c Leasehold improvements				
d Equipment	7,869,602		4,511,769	3,357,833
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,654,327

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

(ii) Related organizations

(i) Unrelated organizations

organization by:

3a Are there endowment funds not in the possession of the organization that are held and administered for the

The percentages on lines 2a, 2b, and 2c should equal 100%.

c Term endowment %

b Permanent endowment %

a Board designated or quasi-endowment %

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

g End of year balance

f Administrative expenses

programs

e Other expenditures for facilities and

d Grants or scholarships

losses

c Net investment earnings, gains, and

b Contributions

1a Beginning of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial liability?

f Ending balance

e Distributions during the year

d Additions during the year

c Beginning balance

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount	1c	1d	1e	1f

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar

XIII.

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part

c Preservation for future generations

b Scholarly research

a Public exhibition

d Loan or exchange program

e Other

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURED NOTES PAYABLE	775,194
(3) OTHER	142,738
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,391,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	694,271
e	Add lines 2a through 2d	2e	694,271
3	Subtract line 2e from line 1	3	697,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	697,187

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,306,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	2d	664,056
e	Add lines 2a through 2d	2e	664,056
3	Subtract line 2e from line 1	3	664,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 2b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	642,380

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 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 additional information.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

FROM CIVIL RIGHTS MUSEUM \$ 694,271

Part XII, Line 2d - Expense Amounts Included in Financials - Other

FROM CIVIL RIGHTS MUSEUM \$ 664,056

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SIT IN MOVEMENT, INC

56-1856093

Employer identification number

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.

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2021

OMB No. 1545-0047

Form 990, Part I, Line 6

VOLUNTEERS ASSIST WITH DIRECTING MUSEUM VISITORS. THEY ALSO ASSIST IN THE GIFT SHOP AND WITH FUNDRAISING EVENTS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Finance Committee reviews the document and makes its recommendation to the full board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

PERSONNEL COMMITTEE AND EXECUTIVE COMMITTEE OF THE BOARD EVALUATES THE PERFORMANCE OF THE CEO/CO AND MAKES THEIR RECOMMENDATION TO THE FULL BOARD.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE PERSONNEL COMMITTEE REVIEWS THE RECOMMENDATIONS OF THE CEO/CO AND IF THEY AGREE THE STAFF PEOPLE WILL BE GRANTED AN INCREASE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE REQUEST HAS TO BE IN WRITING WITH A PURPOSE STATED. THE EXECUTIVE COMMITTEE THAN HONORS THE REQUEST

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

FROM CIVIL RIGHTS MUSEUM \$ 694,271

FROM CIVIL RIGHTS MUSEUM \$ -664,056

Total \$ 30,215

Name SIT IN MOVEMENT, INC Taxpayer Identification Number 56-1856093

	2021	2020	Differences
1. Contributions, gifts, grants	155,244	155,244	
2. Membership dues and assessments	386,213	386,213	
3. Government contributions and grants	111,624	111,624	
4. Program service revenue			
5. Investment income			
6. Proceeds from tax exempt bonds			
7. Net gain or (loss) from sale of assets other than inventory			
8. Net income or (loss) from fundraising events			
9. Net income or (loss) from gaming			
10. Net gain or (loss) on sales of inventory			
11. Other revenue	155,730	155,730	
12. Total revenue. Add lines 1 through 11	697,187	274,589	422,598
13. Grants and similar amounts paid			
14. Benefits paid to or for members			
15. Compensation of officers, directors, trustees, etc.			
16. Salaries, other compensation, and employee benefits	157,625	157,625	
17. Professional fundraising fees			
18. Other professional fees	42,755	42,755	
19. Occupancy, rent, utilities, and maintenance	13,807	13,807	
20. Depreciation and Depletion			
21. Other expenses. Add lines 13 through 21	428,193	428,193	
22. Total expenses. Add lines 13 through 21	642,380	642,380	
23. Excess or (Deficit). Subtract line 22 from line 12	54,807	274,589	-219,782
24. Total exempt revenue	697,187	274,589	422,598
25. Total unrelated revenue			
26. Total excludable revenue	155,730	155,730	
27. Total assets	16,350,411	16,350,411	
28. Total liabilities	1,172,065	1,172,065	
29. Retained earnings	15,178,346	274,589	14,903,757
30. Number of voting members of governing body	6	12	
31. Number of independent voting members of governing body	0	0	
32. Number of employees	0	0	
33. Number of volunteers	30	30	

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Form **990**

Tax Return History

2021

Name **SIT IN MOVEMENT, INC**

Employer Identification Number
56-1856093

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants				274,589	541,457	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				274,589	155,730	
Total revenue				274,589	697,187	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					157,625	
Other compensation					42,755	
Professional fees					13,807	
Occupancy costs						
Depreciation and depletion					428,193	
Other expenses					642,380	
Total expenses				274,589	54,807	
Excess or (Deficit)						
Total exempt revenue				274,589	697,187	
Total unrelated revenue						
Total excludable revenue					155,730	
Total Assets					16,350,411	
Total Liabilities					1,172,065	
Net Fund Balances				274,589	15,178,346	

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Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROGRAM EXPENSE	\$ 13,652	\$ 13,652	\$	\$
OFFICE EXPENSE	9,016		9,016	
BAD DEBT EXPENSE	8,606		8,606	
TELEPHONE & INTERNET	3,343	2,173	1,170	
EQUIPMENT RENTAL	2,957	1,922	1,035	
PRINTING	1,036		1,036	
POSTAGE	743	483	260	
TAXES & LICENSES	500		500	
Total	\$ 39,853	\$ 18,230	\$ 21,623	\$ 0

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3000 SIT IN MOVEMENT, INC

56-1856093

FYE: 12/31/2021

Federal Statements

11/7/2022 8:39 PM

Schedule A, Part II, Line 12 - Current Year

Description

Amount

GOLF TOURNAMENT

\$ 32,255

Total

\$ 32,255

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