

Form **990**Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0047

2022Open to Public
Inspection**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**COMMUNITY NATURE CONNECTION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 31187

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90031**F** Name and address of principal officer: **DELANEY ALAMILLO****SAME AS C ABOVE****D** Employer identification number**95-4316388****E** Telephone number**323-782-9391****G** Gross receipts \$**1,113,092.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.COMMUNITYNATURECONNECTION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1991** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INCREASE ACCESS TO THE OUTDOORS FOR COMMUNITIES IMPACTED BY RACIAL, SOCIO-ECONOMIC, AND		
	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)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,327,968.	Current Year 1,112,947.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,522.	15.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,720.	130.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,384,210.	1,113,092.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	748,092.	879,539.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	4,432.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	259,092.	257,740.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,007,184.	1,137,279.
19	Revenue less expenses. Subtract line 18 from line 12	377,026.	-24,187.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 532,546.	End of Year 419,050.
	21	Total liabilities (Part X, line 26)	177,555.	88,246.
	22	Net assets or fund balances. Subtract line 21 from line 20	354,991.	330,804.

Part 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 Here	Signature of officer		Date	
	DELANEY ALAMILLO, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	JOHN BOVARD MIRON			P01358141
Preparer Use Only	Firm's name	Firm's EIN		
	QUIGLEY & MIRON	32-0530003		
Preparer Use Only	Firm's address	Phone no. (213)		
	3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010	639-3550		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No