Form	990
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Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047 2022

	Et					uon.		•
			dar year, or tax year begin	ining , 2022,	and ending		, 20	
В	Check	if applicable:	С			D Employe	er identificat	tion number
	A	ddress change	The LIME Foundat			47-2	04658	5
	N	ame change	1400 Petaluma Hi			E Telephor	ne number	
		nitial return	Santa Rosa, CA 9	5404		(707) 604	-8505
		nal return/terminated				(/0/	,	0000
						G Gross re	Ċ.	EE4 20E
		mended return			11/-> 10	this a group return		<u>554,285.</u>
	A	pplication pending		I officer:	.,			103 110
			Same As C Above	<u>. </u>	If	re all subordinates "No," attach a list.	Included? See instruct	ions. Yes No
L	Tax	-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			
J	We	bsite: li	mefoundation.org		H(c) G	roup exemption nu	nber	
κ	Forn	n of organization:	X Corporation Trust	Association Other L	Year of formation: 2	014 M s	ate of legal	domicile: CA
	art I	Summar						011
10		Briefly descri	y ibe the organization's missi	ion or most significant activities: Se	0 1 1 1	0		
	· ·			ion of most significant activities. Se	<u>e Schedule</u>	_0	·	
S								
Activities & Governance								
ern								
<u>Š</u>	2	Check this bo		n discontinued its operations or disp				
<u>ن</u>	3			rning body (Part VI, line 1a)			3	9
ŝ	4			s of the governing body (Part VI, line			4	8
itie	5			n calendar year 2022 (Part V, line 2a			5	5
÷	6			necessary)			6	65
Ă				Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	d business taxable income	from Form 990-T, Part I, line 11			7b	0.
						Prior Year		Current Year
Revenue	8	Contributions	and grants (Part VIII, line	1h)		544,0	47.	379,983.
	9	Program serv	vice revenue (Part VIII, line	e 2g)				
	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)				161.
Be	11	Other revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)		64,9	40.	174,141.
	12	Total revenue	e – add lines 8 through 11	(must equal Part VIII, column (A), li	ne 12)	608,9	87.	554,285.
	13	Grants and s	imilar amounts paid (Part I	X, column (A), lines 1-3)		/ -		
	14			X, column (A), line 4)				
						1.00 1	07	010 005
ŝ	15			e benefits (Part IX, column (A), lines		169,1	21.	219,095.
nse	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)				
Expenses	b	Total fundrais	sing expenses (Part IX, col	lumn (D), line 25) 2(0	1,461.			
й	17			nes 11a-11d, 11f-24e)		260,2	22	489,603.
				equal Part IX, column (A), line 25)				
	18		•			429,3		708,698.
	19	Revenue less	s expenses. Subtract line 1	8 from line 12		179,6		-154,413.
Net Assets or Fund Balances						inning of Current		End of Year
set: alar	20					515,7		587,648.
- As	21	Total liabilitie	es (Part X, line 26)			324,7	66.	551,080.
-Nei	22	Net assets or	r fund balances. Subtract li	ne 21 from line 20		190,9	81.	36,568.
	art II	Signatur	re Block			,.		,
				urn including accompanying schedules and state	ments and to the best	of my knowledge	and belief it	is true correct and
com	plete. D	Declaration of prepa	arer (other than officer) is based on	urn, including accompanying schedules and stater all information of which preparer has any knowle	dge.	t of filly knowledge a	anu bener, n	is the, correct, and
C 1		Signature of	officer		Da	ate		
Siq He	gn							
пе	re		ia Hanke		Execi	utive Dir	ector	
		51 1	t name and title		1			
		Print/Type p	preparer's name	Preparer's signature	Date	Check X	if PTIN	1
Ра	id	Mark M	McDonell, CPA	Mark McDonell, CPA		self-employe	d PO	0295404
	epar							
Us	e Or	ily Firm's addre				Firm's EIN	91-1-	790444
						Phone no.	(707)	526-9621
Ma	u tha	IDS discuss th	Santa Rosa, (<u> </u>	1 1 1
ivia	y ine	IND UISCUSS IN	is return with the preparer	shown above? See instructions				K Yes No

May the IRS discuss this return with the preparer shown above? See instructions BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22

Form 990 (2022)

Form	n 990 (2022)	The LIME	Foundat	ion			47-2	046585	Page 2
Par	t III State	ment of Pro	ogram Ser	vice Accomp	lishments				
	Check	if Schedule O	contains a r	esponse or note	to any line in this F	Part III			Х
1	Briefly describ	-	ation's missi	on:					
	See Sched	<u>lule O</u>							
2					ces during the year w				
								Yes	X No
2		be these new s							
3	-		-	-	ant changes in how i	it conducts, any pr	ogram services?	Yes	X No
		ibe these chang	-		weather far analy of its				
4	Section 501(c	(3) and $501(c)$	program ser c)(4) organiza	vice accomplish ations are requir	ments for each of its red to report the amo	s three largest progount of grants and	allocations to othe	measured by ers. the total e	expenses. expenses.
	and revenue,	if any, for eac	h program s	ervice reported.				,	
4a	(Code:) (Exper	ises \$	335,942.	including grants of	\$) (Revenue	\$)
	See Sched	<u>lule_0</u>							
4b	(Code:) (Exper	ises \$		including grants of	\$) (Revenue	\$)
4c	(Code:) (Exper	ises \$		including grants of	\$) (Revenue	\$)
4d	Other program		scribe on Sc		,				
	(Expenses	\$		including grant) (Rev	venue \$)
	Total program	service expe	nses	335,	.942.				
					TEE A 01 001 00/01/00			Forr	n 990 (2022)

Form 990 (2022) The LIME Foundation

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes X	No
2	Schedule A	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	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.	4		Х
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
	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? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
BAA	• • • • • • • • • • • • • • • • • • •	Form	990	(2022)

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Part IV

orn	990 (2022) The LIME Foundation 47-20465	85	F	age 4
Pai	t 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 1, Parts I and III.	. 22		Х
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? <i>If "Yes," complete Schedule J</i> .	. 23		Х
2 4 a	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
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		
				1

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

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	
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		

20	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	
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? <i>If "Yes," complete Schedule L, Part III</i>	27	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		

а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	
k	• A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	
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	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
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
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
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a

t	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	Х
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	Х

	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V			. 🗌			
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19						
k	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
0	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х				
	TEE 401041 00/01/00	_					

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Form	1 990 (2022) The LIME Foundation 47-2046	585	F	Page 5
Parl	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		_	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
a	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
1 4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
17	result in the imposition of an excise tax under section 4951, 4952, or 4953?			
BAA		Forr	n 990	2022

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad									
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent			8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			2		X				
officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under t of officers, directors, trustees, or key employees to a management company or other person	he dire	ect supervision	3		X				
4	Did the organization make any significant changes to its governing documents	1:		. 3		Λ				
-	since the prior Form 990 was filed?			4		Х				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?					X X				
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or more	-						
	members of the governing body?			. 7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) me	ember	ſS,							
	stockholders, or persons other than the governing body?			. 7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year by							
-	the following: The governing body?			0.	X					
	Each committee with authority to act on behalf of the governing body?				X					
ں 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can			uo						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not red				ue Co					
		/	2		Yes	, ,				
10a	Did the organization have local chapters, branches, or affiliates?			. 10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			. 10b						
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				X					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			. 11a	Л					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	~	See Schedule O	. 12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that			120						
~	to conflicts?			. 12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this was done See Schedule . O	'Yes,"	describe on	. 12c	Х					
13	Did the organization have a written whistleblower policy?					Х				
14	Did the organization have a written document retention and destruction policy?				Х					
15	Did the process for determining compensation of the following persons include a review and appropriate persons, comparability data, and contemporaneous substantiation of the deliberation and defined approximate the deliberation of the deliberation and defined approximate the deliberation and defined approximate the deliberation approximate the deliberation approximate the deliberation and defined approximate the deliberation approximate the delibe	al by	independent							
2	The organization's CEO, Executive Director, or top management official See . Schedulo			152	X					
	Other officers or key employees of the organization.				Λ	X				
IJ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			. 130		Λ				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement with a							
100	taxable entity during the year?			. 16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its	5							
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to sat	feguard the	. 16b						
Sec	tion C. Disclosure				1	1				
17	List the states with which a copy of this Form 990 is required to be filed $C\Lambda$									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable		0. and 990-T (section							
	available for public inspection. Indicate how you made these available. Check all that apply.	,, 55	,		.,	.,				
		,								
	X Own website Another's website X Upon request Other	ner (ex	xplain on Schedule O)							

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

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

Schedule O. See instructions.

Section A. Governing Body and Management

19 Describe on Schedule 0 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. See Schedule 0
 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Letitia Hanke 1400 Petaluma Hill Road Santa Rosa CA 95404 (707) 604-8505

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Form 990 (2022) The LIME Foundation	47-2046585	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and							
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
Ia Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the								
• List all of the organization's current officers, directors, trustees (whether individuals or organiza compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ations), regardless of amount of								

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

				(C)						
(A) Name and title	(B) Average hours per	Pos thai is	sition (o n one b s both dire	ctor/	truste			compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W.2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Letitia Hanke	<u> </u>							04 042	0	0
Executive Dir.	0	Х		Х				84,943.	0.	0.
<u>Gloria Turner</u> Director	0.5	Х						0.	0.	0.
(3) Karen Grotte	1							.	0.	
Secretary	0	Х						0.	0.	0.
(4) Malia Anderson	1									
Vice President	0	Х						0.	0.	0.
(5) Tina Chavez	0.5									
Director	0	Х						0.	0.	0.
(6) Jennifer Guerra										
Director	0	Х						0.	0.	0.
_(7) Jeff Kelly								_		_
Treasurer	0	Х						0.	0.	0.
_(8) Lisa Fait										
Director	0	Х						0.	0.	0.
(9) Marco Guerra										
President	0	Х						0.	0.	0.
(10)		-								
(11)		•								
(12)										
(13)			$\left \right $							
(14)										
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Form 990 (2022) The LIME Foundation								47-204658	5		ge 8
Part VII Section A. Officers, Directors, Tr	1	Key E		-	es, a	Ind	I Highest Com	pensated Emp	oyees	S (contin	nued)
(A) Name and title	(B) Average hours per week	box, un officer	Po t check nless p	erson	e than oi is both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) ated amo	ount
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Officer Inetitutional truetao	Key employee	Highest compensated employee	Former	(W-2/1099- (W-2/1099- MISC/1099-NEC)	(W-271099- (W-271099- MISC/1099-NEC)	compe the o an	n sation f rganizati d related anization	on
(15)											
(16)											
<u>(17)</u>											
(18)											
(19)											
(20)											
(21)											
(22)			_								
(24)											
(25)											
							04 042	0			
c Total from continuation sheets to Part VII, Section							84,943.	0.			0.
d Total (add lines 1b and 1c).						-	84,943.	0.			0.
2 Total number of individuals (including but not limited from the organization 0									ensatio	n	
										Yes	No
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc									. 3		Х
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual.	f reportab er than \$1	le com 50,000	pensa ? <i>If</i> "	ation Yes,	and o " com	othe Iple	er compensation te Schedule J for	from	4		X
 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye 									5		X
Section B. Independent Contractors								¢100.000 (
1 Complete this table for your five highest comper compensation from the organization. Report comper	isation for	epende the cale	nt co endar	ntra year	ctors t endin	that g w	vith or within the or	ganization's tax year			
(A) Name and business address C									() Compe	ensatio	n
2 Total number of independent contractors (including	out not lim	ited to t	hose	listed	labov	e) v	who received more	than			

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Form 990 (2022) The LIME Foundation Part VIII Statement of Revenue

47-2046585

Page 9

Check if Schedule Q contains a response or note to any line in this Part VIII. Control (Bearding) Total (Revenue (B) (Packare) (Notation revolue) (C) (Packare) (Notation revolue) (C) (Packare) (Packare) (Packare) (C) (Packare) (Packare) (C) (Packare) (Packare) (C) (Packare) (C) (Packare) 1 a b b c c (C) (Packare) (C) (Packa	Par	t VI	Statement of Revenue	a resr	onse or note to an	/ line in this Part VI	11		П
Barbershp dass						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Base Description Business Code Display Cole Base	হ হ	1a	Federated campaigns	1a					
Base Description Business Code Display Cole Base		b	Membership dues	1b					
Base Description Business Code Display Cole Base	A A S	С	Fundraising events						
Business Code Original Image: State Code Original	ar lar	d		1d					
Business Code Original Image: Solution Construction Construction Original Image: Solution Construction Construction Original Image: Solution Construction Construction Construction Original Image: Solution Construction Cons	imi ini	е		1e	7,228.				
Business Code Original Image: Solution Construction Construction Original Image: Solution Construction Construction Original Image: Solution Construction Construction Construction Original Image: Solution Construction Cons	ero	f		1f	272 755				
Business Code Original Image: Solution Construction Construction Original Image: Solution Construction Construction Original Image: Solution Construction Construction Construction Original Image: Solution Construction Cons	đđ	g			572,755.				
Business Code Original Image: Solution Construction Construction Original Image: Solution Construction Construction Original Image: Solution Construction Construction Construction Original Image: Solution Construction Cons	tu u								
3 Investment income (including dividends, interest, and other similar amounts)		h	I Iotal. Add lines Ia-It			379,983.			
3 Investment income (including dividends, interest, and other similar amounts)	anus	22			Busiliess Code				
3 Investment income (including dividends, interest, and other similar amounts)	eve								
3 Investment income (including dividends, interest, and other similar amounts)	еH	C C							
3 Investment income (including dividends, interest, and other similar amounts)	evi	d							
3 Investment income (including dividends, interest, and other similar amounts)	ъ С	е							
3 Investment income (including dividends, interest, and other similar amounts)	grar	f	All other program service revenu	e					
other similar amounts) 161. 161. 4 Income from investment of tax-exempt bond proceeds 1 5 Royalites 0) Real 0) Personal 6a 0) Real 0) Personal 0 7 Gross ments 6a 0 7 Gross mount from sales of assets of tax exempt bond proceeds 0 0 7 Gross mount from sales of assets of tax income or (loss) 6a 0 7 Gross mount from sales of assets of tax income or (loss) 7a 0 0 7 Gross mount from sales of assets of tax income or (loss) 7a 0 0 8 Gross income from fundrasing events (not including \$\$ 7a 0 0 8 Gross income from fundrasing events (not including \$\$ 174,141. 0 0 9 Ges income from fundrasing events (not including \$\$ 174,141. 0 0 9 Ges income from fundrasing events (not including \$\$ 174,141. 0 0 9 Ba 174,141. 0 0 0 0 0 0 0 0 0 0 0	Pro	g	Total. Add lines 2a-2f	ا 					
4 Income from investment of tax-exempt bond proceeds 5 Royalties 0) Real 0) Personal 6a Ginss rents 6a 0) b Less: rental expenses 6a 0) c Retraincome or (loss) 0) 0) 0) 7a Gross amount from sates of assets 7a 10 0) 9 Gross income from fundraising events (not including \$\sigma\$ in (loss) 7a 7a 10 6a Gross income from fundraising events (not including \$\sigma\$ in (loss) 7a 7a 10 6 Gross income from fundraising events (not including \$\sigma\$ in (loss) 7a 7a 10 7a Gross income from fundraising events (not including \$\sigma\$ in (loss) 7a 7a 10 8a Gross income from fundraising events (not including \$\sigma\$ in (loss) from gaming activities (not expenses (not including \$\sigma\$ in (loss) from gaming activities (not expenses (not including \$\sigma\$ in (loss) from gaming activities (not expenses (not expenses (not expenses (not expenses (not expenses (not e		3	Investment income (including divide	ends, i	nterest, and	1			
5 Royalties (i) Personal (ii) Personal 6a Gos rents (iii) Personal (iiii) Personal b Less: rental expenses (iiii) Personal (iiii) Personal c Rental income or (loss) (iii) Socurities (iii) Other 7a Gross anount from sales of assets of then inventory [iiii] [iiii] [iiii] and sales expenses 7a [iiiiiii] [iiiiiiiii] [iiiiiiiiiii] and sales expenses 7a [iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		_	,			161.			161.
Ga Gross rents (i) Real (i) Personal b Less: rental expenses Ga (ii) Cher c Rental income or (loss) Ga (iii) Cher d Net rental income or (loss) (iii) Cher (iii) Cher a Gross amount from sales of dassets other than inventory (i) Securities (iii) Cher b Less: cost or differ basis other than inventory (iii) Cher (iiii) Cher b Less: cost or differ basis other than inventory (iiii) Cher (iiii) Cher d Net gain or (loss) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
Ga Gos rents Ga Ga b Less: rental expenses Gb Go Gos c Rental income or (loss) Go Gos Gos d Net rental income or (loss) Go Gos Gos a Gross amount from sales of assets other than inventory Ta Gos Gos Gos a Gos anount from sales expenses Ta Gos Gos Gos Gos a Gos anount from sales expenses Ta Gos Gos Gos Gos a Gos anount from sales expenses Ta Ta Gos		5							
b Less: rental expenses 6b		62		al	(II) Personal				
c Rental income or (loss) Gec Image: constraint of the set of the s									
d Net rental income or (loss) Image: state of assisting the state of assistex assisting the state of assisting the state of as									
7a Gross amount from sales of assets of									
sales of assets and sales expenses 7a 7a b Less: ost or other basis and sales expenses 7a 7a c Gain or (loss) 7c 7a d Net gain or (loss) 7a 7a d Net gain or (loss) 8a 174,141. b Less: direct expenses 9a 9b 7a c Net income or (loss) from gaming activities 9a 9b 7a c Net income or (loss) from gaming activities 7a 7a 7a b Less: cost of goods sold 0			(i) Sooi						
b Uses: cost or of the basis and sales expenses in a date expense expense expense in a date expense		70	sales of assets						
and sales expenses 7b		b							
a Response from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba 174,141. b Less: direct expenses Bb 174,141. c Net income or (loss) from fundraising events 174,141. 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. 9a b Less: direct expenses 10a turns and allowances 10a 10b c Net income or (loss) from gaming activities. 10a b Less: cost of goods sold. 10b c Net income or (loss) from sales of inventory. 10a b Less: cost of goods sold. 10b 10a c Net income or (loss) from sales of inventory. 10a 10a b Less: cost of goods sold. 10b 10a c Intermediation of the revenue 10a 10a d All other revenue		-	and sales expenses 7b						
Ba Gross income from fundraising events (not including \$									
Image: Construction of the contributions reported on line 1c). Ba 174,141. See Part IV, line 18 Ba 174,141. b Less: direct expenses Bb 174,141. 9a Gross income from gaming activities. 9a 9a b Less: direct expenses 9a 9b c Net income or (loss) from gaming activities. 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. 9a b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory. 0b c Net income or (loss) from sales of inventory. 0c g Business Code 0c g 11a 0c 0c c All other revenue 0c 0c 0c c All other revenue 0c 0c 0c c Total. Add lines 11a-11d 0c 0c 0c		d	Net gain or (loss)						
9a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses	<u>e</u>	8a							
9a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses	en			-					
9a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses	lev			Q.	174 141				
9a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses	er	b	,		<u> </u>				
9a Gross income from gaming activities. See Part IV, line 19	Æ			-	-	174 141			
See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a 10a Gross sales of inventory, less 10a b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory. 0a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory. 0a 11a Business Code b C c Business Code d All other revenue C e Total. Add lines 11a-11d C	0					<u> </u>			
c Net income or (loss) from gaming activities IOa Ioa Ioa 10a Gross sales of inventory, less IOa Ioa Ioa b Less: cost of goods sold IOb Iob Iob c Net income or (loss) from sales of inventory Iob Iob Iob source Business Code Iob Iob Iob a Iob Iob Iob Iob c Iob Iob Iob Iob Iob c Iob		Ja	See Part IV, line 19.	9	a				
10a Gross sales of inventory, less 10a Image: solution of the			•		-				
returns and allowances 10a		С	Net income or (loss) from gamin	g activ	/ities				
b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11a b c c d All other revenue e Total. Add lines 11a-11d		10a	Gross sales of inventory, less						
c Net income or (loss) from sales of inventory Business Code Image: Code Image: Ima									
Business Code Business Code 11a Business Code Image: Code b Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code									
11a Image: constraint of the second		С	The fincome of (1055) from sales		-				
	sno "	11a	1		Easthess offic				
	Jue an	b	·						<u> </u>
	ella Vei	c							
	Re	d	All other revenue						<u> </u>
	Σ								
	_					554,285.	0.	0.	161.

Seci	tion 501(c)(3) and 501(c)(4) organizations must con				X
	Check if Schedule O contains a	(A)	(B)	(C)	(D)
Do I 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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 for- eign 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	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	192,213.	134,549.	19,221.	38,443.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,213.	134, 349.	19,221.	30,413.
9	Other employee benefits	7,003.	4,902.	700.	1,401.
10	Payroll taxes	19,879.	13,915.	1,988.	3,976.
11	Fees for services (nonemployees):	19,079.	15,915.	1,500.	3,570.
	Management				
b	Legal				
С	Accounting	10,786.		10,786.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$ch. (Advertising and promotion) 145,621.	48,708.	62,708.	34,205.
13	Office expenses	9,115.	5,469.	3,646.	
14	Information technology	15,867.	793.	14,281.	793.
15	Royalties	15,007.	155.	14,201.	155.
16	Occupancy				
17	Travel	3,648.	912.	1,824.	912.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	3,040.	512.	1,024.	
19	Conferences, conventions, and meetings				
20	Interest	14,424.		14,424.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,879.	3,297.	582.	
		11,254.	7,878.	3,376.	
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	Instructors and other program	43,090.	43,090.		
b	Marketing - audio visual media	36,209.	10,000.		36,209.
С		33,149.			33,149.
d		27,888.		11,155.	16,733.
e	All other expenses. See Sch. O	134,673.	72,429.	26,604.	35,640.
25		708,698.	335,942.	171,295.	201,461.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				2017101.
DAA					

Form 990 (2022) The LIME Foundation

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).

Form 990 (2022) The LIME Foundation

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	462,459.	1	553,06
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,533.	4	19,53
	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	9,934.	5	
	6	Loans and other receivables from other disqualified persons (as defined under	5,554.	5	
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,790.	9	13,79
1	0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 29,881.	1,744.	10c	1,25
1		Investments – publicly traded securities.		11	,
1	2	Investments – other securities. See Part IV, line 11		12	
1	3	Investments – program-related. See Part IV, line 11		13	
1	4	Intangible assets.		14	
1	5	Other assets. See Part IV, line 11	1,287.	15	
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	515,747.	16	587,64
1	17	Accounts payable and accrued expenses	18,766.	17	32,87
		Grants payable		18	
1	9	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	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		22	
		Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties	306,000.	24	518,20
		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.		25	510,20
2	26	Total liabilities. Add lines 17 through 25	324,766.	26	551,08
		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	12,744.	27	-76,53
2	28	Net assets with donor restrictions	178,237.	28	113,10
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
3	31	Retained earnings, endowment, accumulated income, or other funds		31	
3	32	Total net assets or fund balances	190,981.	32	36,56
		Total liabilities and net assets/fund balances.	515,747.	33	587,64

		20465	585	Pa	ge 12
Par	t 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)	1	5	54,2	285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	08,6	598.
3	Revenue less expenses. Subtract line 2 from line 1	3		54,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		90,9	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		36,5	
Par	t XII Financial Statements and Reporting	· · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	a		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ 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 audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2c		
	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 Guidance, 2 C.F.R Part 200, Subpart F?	Uniforr	n 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
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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

OMB No. 1545-0047 2022

Departi Interna	ment of the Treasury I Revenue Service	G	o to www.irs.gov/For	Open to Public Inspection							
Name	of the organization						Employer identific	ation number			
The	LIME Found	ation					47-204658	35			
Par	t I Reason fo	r Public Cha	arity Status. (All o	organizations must	comple	ete this	s part.) See instru	ctions.			
The c	organization is not	a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1	A church, conv	vention of church	nes, or association of cl	hurches described in sec	ion 170(b)(1)(A)(i).				
2	A school desc	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or	a cooperative h	nospital service organ	ization described in sec	tion 170)(b)(1)(A	A)(iii).				
4	A medical res	search organiza	ition operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's			
	name, city, a	nd state:									
5	An organizati section 170(b	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, sta	ite, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	An organizatio	n that normally i 0(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described			
8	A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	An agricultural	research organi	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege			
•				e (see instructions). Enter							
10	investment in	come and unre	y receives (1) more t exempt functions, sub lated business taxabl 509(a)(2). (Complete	han 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	oort from ns; and 511 tax)	(2) no r from b	outions, membership fe nore than 33-1/3% of usinesses acquired by	ees, and gross receipts its support from gross the organization after			
11	An organizati	on organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).				
12	An organizati	on organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry o	ut the purposes of one			
	or more publi	cly supported o	organizations describe	ed in section 509(a)(1) of upporting organization	or sectio	n 509(a))(2). See section 509(a	a)(3). Check the box on			
а	Type I. A supp organization(s)	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported o	raanizat	ion(s), typically by givin	g the supported ion. You must			
b	Type II. A sup management of	porting organiz	zation supervised or o organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You			
С	Type III functio	onally integrated	. A supporting organizat	tion operated in connectio	n with, ar A, D, an	nd functio d E.	onally integrated with, its	supported			
d	functionally in	ntegrated. The o	organization generally	panization operated in cor must satisfy a distribu mathematics and D, and Part V.	nection tion req	with its s uiremen	supported organization(s t and an attentiveness	s) that is not requirement (see			
е			•	en determination from	he IRS	that it is	a Type I, Type II, Typ	e III functionally			
	integrated, or	Type III non-fu	inctionally integrated	supporting organization			51 7 51 7 51	, 			
f			organizations								
		-	n about the supported								
	(i) Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

000	don All ublic ouppoit						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1	1	1		
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Ŭ	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 20 Public support percentage from						%
	33-1/3% support test-2022. If t	he organization d	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, chec	k this box
b	and stop here. The organization 33-1/3% support test-2021. If the and stop here. The organization	ne organization die	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, (check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this	box and stop here	. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	s test, check this	box and stop here	. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

Schedule A (Form 990) 2022

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

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

Section A. Public Support (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")... 365,378 294,203 544,047 554,124 1,757,752. 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. . 0. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... 0. The value of services or facilities furnished by a governmental unit to the organization without charge ... 0. Total. Add lines 1 through 5... 0 365,378 294,203 544,047 554, 124 757 52. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons... 0 0 0 0 0 0. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... 0 0 0 0 0. 0 c Add lines 7a and 7b.... 0 0 0 0 0 0. Public support. (Subtract line 7c from line 6.). 1,757,752. Section B. Total Support (c) 2020 (e) 2022 (a) 2018 (b) 2019 (d) 2021 Calendar year (or fiscal year beginning in) (f) Total 9 Amounts from line 6..... 0 365,378 294,203 544,047 554,124 757,752. 1, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 161 161. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 0 0 0. 0 161 161 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI 64,940 64,940. Total support. (Add lines 9, 13 10c, 11, and 12.)..... 0 294,203. 608,987. 554,285. 1,822,853. 365,378. 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) 14 Х organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))..... % 15 16 Public support percentage from 2021 Schedule A, Part III, line 15. % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f), 17 ە\ە 0/0 18 Investment income percentage from 2021 Schedule A, Part III, line 17..... 18 19a 33-1/3% support tests-2022. 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 **b** 33-1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			Vee	N.
			Yes	No
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.	1		
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
1	b Did the organization confirm that each supported organization gualified under section $501(c)(4)$, (5), or (6) and			
1	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	• Did the experimetion ensure that all support to such experimetions used evaluations ($170(a)(2)(D)$			
	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.	3c		
4	a 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.	4a		
I	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.	4b		
	${f c}$ 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.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines			
5	<i>5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the</i>			
	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).	5a		
I	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		_
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).	7		
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).	8		
0	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,			
5	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 .	9a		
I	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.	9b		
	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.	9с		
10	a 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.	10a		
l	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.)	10b		

Par	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		
	the governing body of a supported organization?		
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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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

Section D. All Type III Supporting Organizations

id the organization provide to each of its supported organizations, by the last day of the fifth month of the rganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
rganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
/ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported (analyzation s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
e organization maintained a close and continuous working relationship with the supported organization(s).	2		
y reason of the relationship described on line 2, above, did the organization's supported organizations have a significant bice in the organization's investment policies and in directing the use of the organization's income or assets at			
n this regard.	3		
	ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided? ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> <i>e organization maintained a close and continuous working relationship with the supported organization(s).</i> reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played</i>	 ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided? ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how e organization maintained a close and continuous working relationship with the supported organization(s).</i> ereason of the relationship described on line 2, above, did the organization's supported organization's investment policies and in directing the use of the organization's income or assets at times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played</i> 	 ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided? ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how e organization maintained a close and continuous working relationship with the supported organization(s).</i> ereason of the relationship described on line 2, above, did the organization's supported organization's income or assets at times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played</i>

Section 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 instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.

2a

2b

3a

Yes

No

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Page 5

Yes

1

2

No

Part V

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ć	a Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
	E Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509(a)(3) Sເ	upporting Organiza	tions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	··		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
	Excess distributions carryover, if any, to 2022				
-	From 2017				
k	P From 2018				
	From 2019				
	From 2020				
	Prom 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
t	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (Form	n 990) 2022	The LIME Found	ation		47-204658	35 Page 8		
Part VI								
Part III, Li	ne 12 - Other Inco	ne						
<u>Nature a</u>	and Source	2022	2021	2020	2019	2018		
Forgiven	n SBA Paycheck Tota	Protection loans 1 $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	64,940. 64,940. \$	<u>0.</u> <u>\$</u>	0. \$	0.		

sc	HEDULE D	Sup	plemental Financial Statements	s		OMB No	o. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, Attach to Form 990.				990.		20	022
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspe	
Name	e of the organization				Employer in	dentification	number
	e LIME Found				47-204		
Pa			nor Advised Funds or Other Similar I "Yes" on Form 990, Part IV, line 6.	Funds or <i>I</i>	Accounts	-	
	Complete		(a) Donor advised funds	(b)	Funds and	other acc	ounts
1	Total number at e	end of year		(5)			501105
2	Aggregate value of cor	ntributions to (during year)					
3	Aggregate value of gra	ants from (during year)					
4	Aggregate value	at end of year					
5	Did the organizat are the organizat	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the assets held in c organization's exclusive legal control?	lonor advise	d funds	Yes	No
6	Did the organizat for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefir vate benefit?	rs, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe	nds can be u r purpose co	sed only onferring	Yes	No
Pa		vation Easements.			<u>L</u>		
1			"Yes" on Form 990, Part IV, line 7. y the organization (check all that apply).				
1		of land for public use (for exam		tion of a hist	orically imp	ortant lan	id area
		natural habitat		tion of a cert	5 1		
	Preservation	of open space					
2			held a qualified conservation contribution in the for	rm of a conse	rvation ease	ement on t	ne
	last day of the ta	x year.			Lald at the	End of th	ne Tax Year
;	a Total number of (conservation easements			neiù at trie		le lax fear
			ments				
	0	,	fied historic structure included in (a)	-			
	d Number of conse historic structure	rvation easements included i listed in the National Registe	n (c) acquired after July 25, 2006 and not on a	a 2d			
3		÷	nsferred, released, extinguished, or terminated by		ion during th	e	
4	Number of states	where property subject to co	onservation easement is located				
5	and enforcement	of the conservation easement	garding the periodic monitoring, inspection, han the hand			Yes	No
6	Staff and voluntee	r hours devoted to monitoring,	inspecting, handling of violations, and enforcing co	onservation e	asements du	uring the y	ear
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing conser	rvation easen	nents during	the year	
8	Does each conse and section 170(h	rvation easement reported or n)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h))(4)(B)(i)	Yes	No
9	In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its revenue ar to the organization's financial statements that	nd expense s describes the	tatement a e organizat	nd balanc ion's acco	e sheet, and unting for
Pa	rt III Organiz Complete	zations Maintaining Co if the organization answered	Ilections of Art, Historical Treasures, "Yes" on Form 990, Part IV, line 8.	or Other	Similar A	ssets.	
1	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue s Id for public exhibition, education, or research al statements that describes these items.	tatement an in furtheran	d balance s ce of public	sheet work service, j	s of art, provide in
I	historical treasures following amount	s, or other similar assets held for some sets held for a relating to these items:	r FASB ASC 958, to report in its revenue state or public exhibition, education, or research in furth	erance of put	olic service,	provide the	e
	(i) Revenue incl	uded on Form 990, Part VIII,	line 1		\$		
_							
			nistorical treasures, or other similar assets for fina ASC 958 relating to these items:			lowing	
i	a Revenue included	a on Form 990, Part VIII, line	. 1		· · · · · · · · · · · · · · · · ·		

b Assets included in Form 990, Part X

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

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TEEA3301L 07/06/22

Schedule D (Form 990) 2022

OMB No. 1545-0047

Schedule D (Form 990) 2022 The I				47-204	
Part III Organizations Main	taining Col	lections of Art, Hi	storical Treasures, o	or Other Similar As	ssets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other records, check	any of the following that ma	ake significant use of its	collection
a Public exhibition		d Loan	or exchange program		
b Scholarly research		e Othe	r		
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain how the	y further the organization's	exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be mai	receive donations of a ntained as part of the	rt, historical treasures, or organization's collection?	other similar assets	Yes No
Part IV Escrow and Custod reported an amount on Fo	ial Arrange orm 990, Part	ements. Complete if t X, line 21.	he organization answered	"Yes" on Form 990, Par	t IV, line 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other intermediary	/ for contributions or othe	r assets not included	Yes No
b If "Yes," explain the arrangement ir					
		complete the lenething t			Amount
c Beginning balance				1c	
d Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an a					Yes No
b If "Yes," explain the arrangemen					
Part V Endowment Funds.	Complete if t	he organization answer	ed "Yes" on Form 990. Par	t IV. line 10.	
	(a) Current			(d) Three years back	(e) Four years back
1 a Beginning of year balance	(u) ourront	(
b Contributions					
-					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the curre	nt year end balance (li	ne 1g, column (a)) held a	as:	
a Board designated or quasi-endov	vment	010			
b Permanent endowment	00				
c Term endowment	olo				
The percentages on lines 2a, 2b, and	nd 2c should e	qual 100%.			
2 2 Are there and a mark funds not in t		of the exercise thet	ave held and administered	for the	
3 a Are there endowment funds not in t organization by:	ne possession			ior the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the rel					3b
4 Describe in Part XIII the intended	-				
Part VI Land, Buildings, an					
Complete if the organizati			IV line 11a See Form 99	0 Part X line 10	
·					
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			31,135.		31,135.
e Other	· · · · · · · · · · · · · · · · · · ·			29,881.	-29,881.
Total. Add lines 1a through 1e. (Column	nn (d) must ea	qual Form 990, Part X,	column (B), line 10c.)		1,254.
BAA				Schedu	ule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered "Yes" on			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
. ,	I derivatives.			
	neld equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on		N/A 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)				
(10)				
Total. (Column Part IX	(b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered "Yes" on (a) De	N/A Form 990, Part IV, line scription		(b) Book value
(1)	(1) = -			(1)
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu Part X	mn (b) must equal Form 990, Part X, column (l Other Liabilities. Complete if the organization answered "Yes" on			25.
1.	(a) Descr	iption of liability		(b) Book value
	al income taxes			
(2) (3)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) (11)				
	(b) must equal Form 990, Part X, column (B) line 25.)			
iotai. (Conunni	(b) must equal i orni 550, r art A, columni (D) mie 20.)			L

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.

Schedule D (Form 990) 2022 The LIME Foundation	47-2046585	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return. N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
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.)		
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	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return. N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
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.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
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 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	
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.

					undraising or Gami			OMB No. 1545-0047
SCHEDULE G (Form 990)	Comple	2022						
Department of the Treasury Internal Revenue Service	Go	Open to Public Inspection						
Name of the organization The LIME Found	ation number 5							
Fundraising	Activities. Complet	te if the organiza	ation answ	ered "Yes"	on Form 990, Part IV, lin	ne 17.	47-204658	5
	Z filers are not re				owing activities. Check	all that	annly	
a Mail solicitatio	-		ough uny		X Solicitation of non-			
· <u></u>	email solicitations	5		f	X Solicitation of gove		-	
c Phone solicita				g	X Special fundraising	j events		
d X In-person soli 2a Did the organizatio		r oral agreement	with any i	ndividual (i	ncluding officers, directo	rs truste	es or kev	
employees listed	in Form 990, Par	t VII) or entity i	n connec	tion with p	rofessional fundraising	service	s?	Yes X No
b If "Yes," list the 10 compensated at I	highest paid indiv east \$5,000 by th	iduals or entities e organization.	(fundraise	ers) pursuai	nt to agreements under v	vhich the	e fundraiser is to	be
(i) Name and addres or entity (fund	s of individual raiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or i fundr	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
_								
4								
5								
6								
7								
,								
_								
8								
9								
10								
Total								0
3 List all states in wh	nich the organization	on is registered of	or licensed	to solicit co	ontributions or has been	notified	it is exempt from	0. registration
or licensing.								

Schedule G (Form 990) 2022The LIME Foundation47-2046585Page 2										
Par	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
er			(a) Event #1 Believe The Dr (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))				
Revenue	1	Gross receipts	174,141.			174,141.				
i and an	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	174,141.			174,141.				
	4	Cash prizes.								
	5	Noncash prizes								
lses	6	Rent/facility costs								
Exper	7	Food and beverages								
Direct Expenses	8	Entertainment								
ā	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 thr								
_		Net income summary. Subtract line 10 fr				,				
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	ition answered "Ye e 6a.	s" on Form 990, Pa	art IV, line 19, or re	eported more				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Å	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses			0					
	6	Volunteer labor	Yes%	Yes%	Yes% No					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d) .							
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)						
	i Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming No," explain:	g activities in each of th			Yes No				
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 The LIME Foundation	47-2046	585	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed t administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in: a The organization's facility	120		0,
	b An outside facility.			010
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor			olo
	Name			
	Address			
	 a Does the organization have a contract with a third party from whom the organization receives gaming reverse b If "Yes," enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 	nue? the amount		No
	Name			
	Address			'
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year 			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (i ny additio	ii) and (onal	<i>v</i>);

Department of the Treasury Internal Revenue Service

The LIME Foundation

Name of the organization

OMB No. 1545-0047
2022
Open to Public
Inspection

Employer identification number
47-2046585

Form 990. Part I. Line 1 - Organization Mission or Significant Activities

Our mission is to provide educational resources, mentorship, and career exploration in order to develop sustainable empowerment among our diverse communities. Those served by the LIME Foundation will learn life-changing skills to harness their potential in music, performing arts, construction careers, technology, and health, encouraging all individuals to inspire their communities.

Form 990, Part III, Line 1 - Organization Mission

Our mission is to provide educational resources, mentorship, and career exploration in order to develop sustainable empowerment among our diverse communities. Those served by the LIME Foundation will learn life-changing skills to harness their potential in music, performing arts, construction careers, technology, and health, encouraging all individuals to inspire their communities.

Form 990, Part III, Line 4a - Program Service Accomplishments

NextGen Trades Academy provides vocational training and workforce development to underrepresented youth, (ages 16-24), via education and interaction with industry leaders and employers in 24 different construction and agriculture trades. To help ensure that program graduates are well-equipped to enter the workforce and become self-sufficient, students receive job placement services and 18-months of additional career support. Turner Arts Initiative brings positive, structured activities to disadvantaged youth, giving them the opportunity to learn technology or play a musical instrument - great alternatives to substance abuse, teen pregnancy, truancy, loneliness, obesity, bullying, exclusion, etc. Most importantly, this initiative uses music and dance as a positive, constructive means of expression. It features an activity center and a summer and after-school mentoring and tutoring program. Senior Activities provides a venue for seniors to remain active and make new friends. This

Form 990, Part III, Line 4a - Program Service Accomplishments

other activities in order to prevent or reverse heart disease, diabetes and obesity.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the Executive Director, submitted to the Finance Committee and presented by the Finance Committee Chair to the full board of directors for final approval.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members must read and sign The LIME Foundation conflict of interest statement. By signing, board members agree to comply with the statement by bringing any potential conflict of interest situations to the board for consideration.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The finance committee reviews compensation history as compared to a nonprofit corporation report based on the organization's size. A proposed salary modification is compared to the organization's forecasted budget. Then the finance committee makes a recommendation for salary changes to the Board of Directors. The Board of Directors votes on all salary changes, then the new salary is implemented through a third party payroll service provider.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 and other documents of public interest are available on the organization's website or upon request.

Form 990, Part IX, Line 11g Other Fees For Services

		(A) Total	(B) Program Services	(C) Management & General	(D) Fund- <u>raising</u>
		IUCAI	DCIVICCS	<u>a ocnerar</u>	Tarsing
Consulting		114,015.	17,102.	62,708.	34,205.
Grant writing		31,606.	31,606.		
2	Total \$	145,621.	\$ 48,708.	\$ 62,708.	\$ 34,205.

chedule O (Form 990) 2022 ame of the organization Ei				Employer identification number		
e LIME Foundation		47-2046585				
Form 990, Part IX, Line 24e Other Expenses						
	(A)	(B)	(C)	(D)		
		Program	Management			
-	<u>Total</u>	<u>Services</u>	<u>& General</u>	<u>Fundraising</u>		
Dues and publications Equipment rental Evaluator Event planning and coordinatio	5,017. 6,833. 6,180. 16,045.	6,833. 6,180.	5,017.	16,045		
Event supplies Financial transaction fees Gifts Marketing - advertising	5,483. 1,333. 6,622. 9,228.	3,311. 4,614.	933.	5,483 400 3,311 4,614		
Marketing - social media and w	13,911.	10,433.	3,478.	4,014		
Meals	5,024.	1,256.	2,512.	1,256		
Miscellaneous	9,768.		5,861.	3,907		
Program certifications Program supplies	2,555. 25,271.	2,555. 25,271.				
Public relations	5,825.	20,211.	5,825.			
Scholarships	8,500.	8,500.				
Staff development	2,666.	1 000	2,666.			
Storage fees Workers' compensation	1,293.	1,293.	210	601		
Total \$	<u>3,119.</u> 134,673.	<u>2,183.</u> \$72,429.	<u>312.</u> \$ 26,604.	<u>624</u> \$ 35,640		