Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 Check if C Name of organization D Employer identification number Address METANOIA Name change 20-0310400 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 2005 REYNOLDS AVENUE (843) 529-3014 termin-ated 10,724,520. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended NORTH CHARLESTON, SC 29405 H(a) Is this a group return Applica-F Name and address of principal officer: BILL STANFIELD for subordinates? Yes X No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. See instructions 4947(a)(1) or METANOIASC.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2003 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: WE AMPLIFY OPPORTUNITIES FOR A Governance THRIVING COMMUNITY WITH FAMILIES IN CHICORA AND SURROUNDING if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 Activities & Total number of individuals employed in calendar year 2022 (Part V, line 2a) 29 5 100 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 4,319,633. 2,744,025. 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 636,572. 713,142. 41,094. 7,058,776. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,179. 208,577. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,043,478 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,724,520. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,698. 40,321. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 850,139. 927, 761. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,834,926. 2,291,889. 3,259,971. 2,691,763. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,351,715. 7,464,549. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 50 13,453,712. 24,329,959. 20 Total assets (Part X, line 16) 4,058,246. 7,439,571. Total liabilities (Part X, line 26) 16,890,388. 9,395,466. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BILL STANFIELD, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 02/23/24 Paid SAM BRUNSON, CPA SAM BRUNSON, P01696998 self-employed Preparer WIPFLI LLP Firm's EIN 39-0758449 Firm's name Use Only Firm's address 105 E. PINE ST, UPPER FLOOR MISSOULA, MT 59802 Phone no. 406.728.1800 May the IRS discuss this return with the preparer shown above? See instructions X Yes

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Part III | Statement of Program Service Accomplishments

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE AMPLIFY OPPORTUNITIES FOR A THRIVING COMMUNITY WITH FAMILIES IN
	CHICORA AND SURROUNDING HISTORICALLY BLACK NEIGHBORHOODS BY HONING THE
	UNIQUE ASSETS THAT EXIST HERE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 278, 195. including grants of \$37, 104.) (Revenue \$ 713, 142.)
	HOUSING DEVELOPMENT:
	METANOIA IS A NON-PROFIT HOUSING DEVELOPER WITHIN A CITY WITH SOME OF
	THE FASTEST RISING HOUSING COSTS AND HIGHEST EVICTION RATES IN THE
	NATION. AS A CERTIFIED COMMUNITY HOUSING DEVELOPMENT ORGANIZATION
	(CHDO), WE OFFER REPAIRS TO HOMEOWNERS ON A LOW FIXED INCOME. WE ALSO
	ACQUIRE AND RENOVATE VACANT PROPERTIES AND BUILD NEW HOMES FOR BOTH
	AFFORDABLE HOMEOWNERSHIP AND RENTAL OPPORTUNITIES. METANOIA IS ALSO
	LAND BANKING PROPERTY FOR FUTURE AFFORDABLE HOUSING IN A COMMUNITY THAT
	IS THREATENED BY GENTRIFICATION. METANOIA IS ALSO WORKING WITH LOCAL
	POLICY MAKERS TO ENSURE THE CREATION OF ADDITIONAL AFFORDABLE HOUSING
	IN OUR REGION.
	0.000
4b	(Code:) (Expenses \$621,629. including grants of \$2,909.) (Revenue \$0.)
	LEADERSHIP DEVELOPMENT (MYLA - METANOIA YOUTH LEADERSHIP ACADEMY):
	THE METANOIA YOUTH LEADERSHIP ACADEMY OFFERS YEAR-ROUND LEADERSHIP DEVELOPMENT FOR STUDENTS IN THE MOST DISINVESTED NEIGHBORHOODS IN NORTH
	CHARLESTON. WE OFFER AFTER SCHOOL PROGRAMMING FOR 35 STUDENTS DURING
	THE SCHOOL YEAR AND 75 STUDENTS DURING THE SUMMER MONTHS. WE SERVE
	STUDENTS FROM 1ST TO 12TH GRADES AND OFFER INTERNSHIPS FOR COLLEGE
	GRADUATES THAT HAVE BEEN STUDENTS IN OUR PROGRAMS. METANOIA STUDENTS
	OUTPERFORM THEIR PEERS ON STANDARDIZED TESTING AND ATTEND COLLEGE AT A
	MUCH HIGHER RATE THAN THEIR PEER GROUPS. AS A PART OF THIS EFFORT,
	METANOIA ALSO OPERATES A YOUTH ENTREPRENEURSHIP CENTER THAT TRAINS
	MIDDLE AND HIGH SCHOOL STUDENTS IN ENTREPRENEURSHIP AND SMALL BUSINESS
	SKILLS. STUDENTS ALSO HAVE THE OPPORTUNITY TO LEARN FINANCIAL LITERACY
4c	(Code:) (Expenses \$ 489,985 • including grants of \$ 0 •) (Revenue \$)
	ECONOMIC DEVELOPMENT:
	METANOIA SEEKS ECONOMIC REVITALIZATION OF THE COMMUNITIES WE SERVE THAT
	IS BENEFICIAL TO THE CURRENT RESIDENTS WITHIN THOSE COMMUNITIES. WE
	HAVE DONE THIS THROUGH OFFERING TRAINING TO MINORITY CONTRACTORS,
	STARTING STUDENT RUN SMALL BUSINESSES, PROVIDING A LOCAL MANUFACTURER A
	LOW INTEREST LOAN FOR EXPANSION TO CREATE ADDITIONAL JOBS AND WORKING
	ON THE REVITALIZATION OF A DOWNTOWN COMMERCIAL STRIP THROUGH THE
	NEIGHBORHOOD. WE HAVE PROVIDED BELOW MARKET SPACE TO SEVERAL BLACK
	ENTREPRENEURS TO HELP SUPPORT THEIR BUSINESS GROWTH ALONG THIS
	CORRIDOR. METANOIA IS ALSO WORKING ON THE ADAPTIVE REUSE OF THE FORMER
	CHICORA ELEMENTARY SCHOOL A 57,000 SQ/FT FACILITY THAT WILL HOUSE
	COMMUNITY OPPORTUNITIES IN ARTS AND EDUCATION. METANOIA IS ALSO WORKING
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 135,718 · including grants of \$ 308 ·) (Revenue \$ 0 ·)
4e	Total program service expenses 2,525,527.
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Form 990 (2022) METANOIA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ŭ		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
40	If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	_X_	
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		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
.,		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
18		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		_v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X 000	<u> </u>

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Par	rt IV Checklist of Required Schedules _(continued)	0400	<u> </u>	age 4
	Continued		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		X
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than \$25,000 in horizont contributions? If "Yes," complete schedule in	25		1
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
U _	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	323		
	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

Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

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

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	36				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-0310400

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ol	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	_		
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b			9b		
10	Section 501(c)(7) organizations. Enter:		30		
а	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:	100			
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.	,.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

800						X					
Sec	tion A. Governing Body and Management										
		ı	1 10		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	12								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
-											
6				5 6		X					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			-							
7a						Х					
	more members of the governing body?			7a							
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					\ 3 7					
_	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=		77						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	_X_						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." c	lescribe								
	on Schedule O how this was done	, -		12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•								
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b	X						
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith a								
.54	taxable entity during the year?			16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			iou							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedSC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s	onlv)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.		(======================================								
	X Own website Another's website X Upon request Other (explain	on S	chedule (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	cial						
.5	statements available to the public during the tax year.		or interest policy, and	man	J.u.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records								
20	BILL STANFIELD - (843) 529-3014	no all	a 1000143								
	2005 REYNOLDS AVENUE, NORTH CHARLESTON, SC 29405										
	2000 KLINOLDO AVLINOLI, NOKILI CHAKLEDION, DC 23403										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BILL STANFIELD CEO	40.00			Х				106,505.	0.	8,472.
(2) JAMILLA HARPER COO	40.00			х				90,049.	0.	7,884.
(3) SHAWN SAULSBERRY BOARD CHAIR	4.00	Х		х				0.	0.	0.
(4) MONIFA ELLINGTON VICE CHAIR	2.00	Х		х				0.	0.	0.
(5) JEFFREY STANGON TREASURER	2.00	Х		х				0.	0.	0.
(6) FRED HUDSON SECRETARY	1.00	Х		х				0.	0.	0.
(7) NELSON AKWARI DIRECTOR	1.00	Х						0.	0.	0.
(8) ALEX JACKSON DIRECTOR	1.00	Х						0.	0.	0.
(9) CHARLES LARSEN DIRECTOR	1.00	Х						0.	0.	0.
(10) LANE RILEY DIRECTOR	1.00	Х						0.	0.	0.
(11) DEBRA STEWART DIRECTOR	1.00	Х						0.	0.	0.
(12) RAYNIQUE SYAS DIRECTOR	1.00	Х						0.	0.	0.
(13) IDA TAYLOR DIRECTOR	1.00	Х						0.	0.	0.
(14) AYESHA WASHINGTON DIRECTOR	1.00	Х						0.	0.	0.
		1								

Form 990 (2022) METANOIA									20-0310	400	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Posi		l than c	nne	Reportable	Reportable	Esti	mate	d
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation		ount c	of
	week		Jer an	a a a	recto	r/trus	lee)	from	from related		ther	
	(list any hours for	irecto						the	organizations	comp		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	orgar	m the	
	organizations	ruste	ll trus		ee ee	mpen		1099-NEC)	1099-1120)	_	relate	
	below	Individual trustee or director	Institutional trustee	16	oldm	st co	er			organ		
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
		ŀ										
	1											
1b Subtotal		<u> </u>				<u> </u>		196,554.	0.	16	, 35	66.
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								196,554.	0.	16	, 35	6.
2 Total number of individuals (including but r								ceived more than \$100,0	000 of reportable			
compensation from the organization										Ι_		1_
									ſ)	es/	No
3 Did the organization list any former officer	, director, truste	ee, k	ey e	mpl	oye	e, or	high	nest compensated empl	oyee on			

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCCULLOUGH KHAN, LLC		
359 KING STREET, CHARLESTON, SC 29401	LEGAL SERVICES	272,829.
JW CONSTRUCTION OF RIDGELAND LLC	CONSTRUCTION	
5240 HWY 162, HOLLYWOOD, SC 29449	SERVICES	153,819.
WIPFLI LLP		
PO BOX 3160, MILWAUKEE, WI 53201-3160	ADVISORY SERVICES	136,858.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 3		

Form 990 (2022)

15420223 147695 514131

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		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
							lanction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a	2,595.				
an un	b								
ΩĔ		Fundraising events							
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations							
		Government grants (contr			347,119.				
Sir		All other contributions, gifts,			·				
je je	·	similar amounts not included			2,394,311.				
	g			·	, ,				
Sugar	_	Total. Add lines 1a-1f		-31+		2,744,025.			
<u> </u>		Totali / taa iii loo ta 11			Business Code	, ,			
	2 a	HOME SALES			531390	400,000.	400,000.		
<u>Ş</u>	2 u h	RENTAL INCOME			531110	313,142.	313,142.		
Ser	c	· -				, -	,		
E S	d								
gra Re	u 0								
Program Service Revenue	f	All other program service	revenue						
_	'	Total. Add lines 2a-2f				713,142.			
-	3	Investment income (includ			, , , , , , , , , , , , , , , , , , , ,				
	Ü				58,776.			58,776.	
	4	Income from investment of			vroceeds				,.,
	5	Royalties			noceeus				
	J	noyanes	· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(1) 1 100.	(.,, : :::::::::::::::::::::::::::::::::				
			6b						
	b	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
	ı a	assets other than inventory	7a	Coodinioo	7000000.				
	h	Less: cost or other basis	7 a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
a	b	and sales expenses	7b		0.				
ž	_	Gain or (loss)	7c		7000000				
Revenue						7,000,000.			7000000.
<u>بر</u>		Net gain or (loss) Gross income from fundraisir				,,000,000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
)ther	o a		•	`					
٥		contributions reported on							
		Part IV, line 18	-	I					
	h	Less: direct expenses							
		Net income or (loss) from			'I				
		Gross income from gamin							
	эа	Part IV, line 19							
	h	Less: direct expenses		I					
		Net income or (loss) from			'II				
		Gross sales of inventory, I							
	10 a	and allowances		I					
	h								
		Less: cost of goods sold Net income or (loss) from:			1				
\dashv	- 0	THE INCOME OF (1055) HOTH	oaico Ul	involutiony .	Business Code				
Sn	11 a	OTHER INCOME			900099	208,577.			208,577.
neo Tue	ii a b	· -				=: > ,=			
Miscellaneous Revenue	C								
Sce		All other revenue							
Σ		Total. Add lines 11a-11d				208,577.			
	12	Total revenue. See instruction				10,724,520.	713,142.	0.	7267353.

232009 12-13-22

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 40,321. 40,321. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 167,910. 238,861. 28,559. 42,392. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 97,341. 544,616. 388,749. 58,526. Other salaries and wages 7 Pension plan accruals and contributions (include 12,501. 8,439. 1,483. 2,579. section 401(k) and 403(b) employer contributions) <u>30,7</u>63. 56,727. 19,898. 6,066. Other employee benefits 9 75,056. 52,017. 11,235. 11,804. 10 Payroll taxes 11 Fees for services (nonemployees): Management 80,765. 3,223. 164,418. 80,430. Legal 112,174. 4,476. 228,358. 111,708. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 294,770. 144,196. 144,797. 5,777. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 51,421. 29,102.8,894. 13,425. Office expenses 13 33,050. 18,508. 13,855. 687. Information technology 14 Royalties 15 95,809. 86,967. 6,011. 2,831. 16 Occupancy 40,769. 26,071. 6,777. 7,921. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 <u>150.</u> 65,412. 65,194. 68. 20 Payments to affiliates 21 3,007. 2,024. 168,796. 163,765. Depreciation, depletion, and amortization 22 110,987. 86,971. 20,977. 3,039. 23 Other expenses. Itemize expenses not covered 24 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.) CONSTRUCTION COSTS 566,980. 566,980. 209,939. PROPERTY MAINTENANCE EX 213,643. 2,076. 1,628. 78,629. 78,629. OOR EXPENSE 73,882. d EMERGENCY REPAIRS 73,882. 104,965. $4, \overline{124}$. 94,986. 5,855. e All other expenses _ 3,259,971. 2,525,527. 520,046. 214,398. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet METANOIA

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,221,629.	1	2,329,648.
	2	Savings and temporary cash investments			1,500,359.	2	10,166,871.
	3	Pledges and grants receivable, net	68,084.	3			
	4	Accounts receivable, net			24,545.	4	86,912.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	sons (as defined				
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6		
ιχ	7	Notes and loans receivable, net			557,848.	7	522,332.
Assets	8	Inventories for sale or use				8	
As	9	5			28,387.	9	54,250.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,965,130.			
	b	Less: accumulated depreciation	10b	858,200.	5,688,483.	10c	6,106,930.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,364,377.	15	5,063,016.	
	16	Total assets. Add lines 1 through 15 (must equal		Г	13,453,712.	16	24,329,959.
	17	Accounts payable and accrued expenses			378,023.	17	633,868.
	18	Grants payable			18		
	19	Deferred revenue		787,990.	19	352,912.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			545,674.	21	457,248.
S	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties	2,344,059.	23	5,615,330.
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			2,500.	25	380,213.
	26	Total liabilities. Add lines 17 through 25			4,058,246.	26	7,439,571.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> u	27	Net assets without donor restrictions			3,835,420.	27	11,324,207.
Ba	28	Net assets with donor restrictions			5,560,046.	28	5,566,181.
<u>n</u>		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ţ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Ret	32	Total net assets or fund balances			9,395,466.	32	16,890,388.
	33	Total liabilities and net assets/fund balances			13,453,712.	33	24,329,959.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	<u> 259</u>	,9	71.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,	<u> 395</u>	, 46	<u>66.</u>
5	Net unrealized gains (losses) on investments	5		30	, 3'	73.
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,					
	coluṃn (B))	10	16,8	890	, 38	<u> 88</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> :	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			F	orm §	990 ₍	2022)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-0310400

	META						4 U	J-0310400
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The organ	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	A medical research organiz					•	er th	he hospital's name,
	city, and state:	•						•
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit descri	ibec	d in
	section 170(b)(1)(A)(iv).			·				
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	J				• ,	al pu	ublic described in
	section 170(b)(1)(A)(vi). (C		1	3		3		
8	A community trust describe		(1)(A)(vi). (Complete Part	: 11.)				
9	An agricultural research org			-	ed in conju	ınction with a land-grai	nt c	ollege
	or university or a non-land-g							
	university:		,			•	•	
10 X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, a	and	gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its suppor	t frc	m gross investment
	income and unrelated busin							
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out th	е р	urposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3)	. Cr	neck the box on
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically b	y gi	iving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the	sup	porting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by h	avir	ng
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the su	ppc	orted
	organization(s). You mus	st complete Part IV,	Sections A and C.					
С	Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functionally integra	ated	l with,
	its supported organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported orga	niza	ation(s)
	that is not functionally int	tegrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and an atten	itive	eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Type I, Type II, Type II	П	
	functionally integrated, or							
	er the number of supported o							
g Pro	vide the following information			(iv) Is the orga	nization listed			(-1) A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions		(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No	support (see instructions	"	support (see instructions)
							+	
							+	
					I	I	- 1	

Schedule A (Form 990) 2022 METANOIA 20-0310400 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support		1	T		1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	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						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·			•	. , . ,	
Sec	organization, check this box and stop ction C. Computation of Publi					<u></u>	<u></u>
				column (fl)		14	%
	4 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 5. Public support percentage from 2021 Schodule A. Part II, line 14					15	
	15 Public support percentage from 2021 Schedule A, Part II, line 14						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		*	-			
b	10% -facts-and-circumstances test	ū	•				
	more, and if the organization meets the	-	-				
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

METANOIA

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.)

	qualify under the tests listed be etion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4, 2010	(2) 2010	(5) 2020	(4) 2021	(5) 2022	(1) 10141
•	membership fees received. (Do not						
	include any "unusual grants.")	3808560.	4052322.	2759107.	4319633.	2744025.	17683647.
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	161,458.	228,485.	278,608.	656,081.	713,142.	2037774.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3970018.	4280807.	3037715.	4975714.	3457167.	19721421.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			35,000.	750,000.	500,000.	1285000.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b			35,000.	750,000.	500,000.	1285000.
	Public support. (Subtract line 7c from line 6.)						18436421.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	3970018.	4280807.	3037715.	4975714.	3457167.	19721421.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	18,308.	20,567.	8,241.	14,719.	58,776.	120,611.
b	securities loans, rents, royalties,	18,308.	20,567.	8,241.	14,719.	58,776.	120,611.
	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			-			
c	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	18,308.	20,567.	8,241.	14,719.	58,776.	
c	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			-			
11 12	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,308.	20,567.	8,241.	14,719. 26,670.	58,776. 208,577.	120,611.
11 12 13	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	18,308.	20,567. 277,565. 4578939.	8,241. 1057028. 4102984.	26,670. 5017103.	58,776. 208,577. 3724520.	120,611. 1569840. 21411872.
11 12 13	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	18,308. 3988326. ae organization's fire	20,567. 277,565. 4578939. rst, second, third,	8,241. 1057028. 4102984. fourth, or fifth tax y	26,670. 5017103. ear as a section 5	58,776. 208,577. 3724520. O1(c)(3) organization	120,611. 1569840. 21411872.
11 12 13 14	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	18,308. 3988326. ne organization's fin	20,567. 277,565. 4578939. rst, second, third,	8,241. 1057028. 4102984. fourth, or fifth tax y	26,670. 5017103. ear as a section 5	58,776. 208,577. 3724520. O1(c)(3) organization	120,611. 1569840. 21411872.
11 12 13 14 Sec	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	18,308. 3988326. ne organization's fin	20,567. 277,565. 4578939. rst, second, third, the centage	8,241. 1057028. 4102984. Fourth, or fifth tax y	26,670. 5017103. ear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	120,611. 1569840. 21411872.
11 12 13 14 Sec	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publi	18,308. 3988326. ne organization's fire c Support Per ine 8, column (f), d	20,567. 277,565. 4578939. rst, second, third, the centage ivided by line 13, contage ivided by line	8,241. 1057028. 4102984. Fourth, or fifth tax y	26,670. 5017103. ear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	1569840. 21411872. on,
11 12 13 14 Sec 15 16	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021	18,308. 3988326. ne organization's fir c Support Per ine 8, column (f), d Schedule A, Part	20,567. 277,565. 4578939. rst, second, third, the centage ivided by line 13, colling line 15	8,241. 1057028. 4102984. Fourth, or fifth tax y	26,670. 5017103. Tear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	1569840. 21411872. on,
11 12 13 14 Sec 15 16 Sec	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here etion C. Computation of Public Public support percentage from 2021 etion D. Computation of Inves	18,308. 3988326. ne organization's fine Schedule A, Part street Income	277,565. 277,565. 4578939. rst, second, third, the centage ivided by line 13, centage ivided by line 13, centage ivided by line 15.	8,241. 1057028. 4102984. fourth, or fifth tax y	26,670. 5017103. rear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	1569840. 21411872. on, 86.10 % 89.02 %
11 12 13 14 Sec 15 16 Sec 17	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cation C. Computation of Public Public support percentage for 2022 (lipublic support percentage from 2021 extion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investiness acquired after the support percentage for 2021 extion D. Computation of Investion D. Computation of Investiness acquired after the support percentage for 2021 extiness acquired after the	3988326. ne organization's fine 8, column (f), described A, Partitement Income 1022 (line 10c, column	277,565. 4578939. rst, second, third, secontage ivided by line 13, cell, line 15. Percentage nn (f), divided by line	8,241. 1057028. 4102984. fourth, or fifth tax y	26,670. 5017103. rear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	1569840. 21411872. pn, 86.10 % 89.02 %
11 12 13 14 Sec 15 16 Sec 17 18	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cition C. Computation of Public Public support percentage for 2022 (lipublic support percentage from 2021 cition D. Computation of Investment income percentage from 2021 Investment Income Investment I	3988326. a organization's fine S, column (f), d Schedule A, Part stment Income 22 (line 10c, colum 2021 Schedule A,	277,565. 4578939. rst, second, third, secondary in the second of the second of the second of the secondary in the secondary	8,241. 1057028. 4102984. Fourth, or fifth tax y	26,670. 5017103. rear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization	1569840. 21411872. pn, 86.10 % 89.02 % .56 % .38 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	3988326. a organization's firect Support Perine 8, column (f), described A, Particular Income 1022 (line 10c, colum 2021 Schedule A, organization did not stop here. The	277,565. 277,565. 4578939. rst, second, third, the centage ivided by line 13, centage in (f), divided by line 17 ot check the box corganization quality.	8,241. 1057028. 4102984. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so	26,670. 5017103. Tear as a section 5	58,776. 208,577. 3724520. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1	120,611. 1569840. 21411872. on, 86.10 % 89.02 % .56 % .38 % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 (Investment income percentage from 201 investment income percentage from 23 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	3988326. a granization's fire c Support Per ine 8, column (f), d Schedule A, Part stment Income 22 (line 10c, colum 2021 Schedule A, organization did not stop here. The organization did not stop here.	277,565. 277,565. 4578939. rst, second, third, the centage ivided by line 13, colling line 15. Percentage inn (f), divided by line 17 into the check the box coorganization quality of check a box on the check a box on t	8,241. 1057028. 4102984. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	26,670. 5017103. Tear as a section 5 15 is more than 3 apported organizar, and line 16 is mo	58,776. 208,577. 3724520. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 10 tion re than 33 1/3%, a	120,611. 1569840. 21411872. on, 86.10 % 89.02 % .56 % .38 % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18	securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	3988326. a 988326. be organization's fine 8, column (f), do Schedule A, Particular Income 2021 (line 10c, column 2021 Schedule A, organization did not stop here. The organization did not k this box and stop stop stop stop stop stop stop stop	20,567. 277,565. 4578939. rst, second, third, the centage ivided by line 13, colling line 15. Percentage inn (f), divided by line 17 ot check the box coorganization qualition check a box on op here. The organization of the check a box on op here.	8,241. 1057028. 4102984. fourth, or fifth tax y column (f)) on line 14, and line fies as a publicly so line 14 or line 19a nization qualifies a	26,670. 26,670. 5017103. Tear as a section 5 The section 5	208, 577. 208, 577. 3724520. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 tion re than 33 1/3%, and rted organization	120,611. 1569840. 21411872. on, 86.10 9 89.02 9 .56 9 .38 9 7 is not

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Ь
360	tion of Type it Supporting Organizations			г
			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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ou		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or the emptorition organization or it it test the collection by the organization in this redard.			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net she	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lin	nes 1 through 3.	4		
5 Depred	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
	nance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
	red Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	gate fair market value of all non-exempt-use assets (see			
instruc	tions for short tax year or assets held for part of year):			
a Averag	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair ma	arket value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discou	unt claimed for blockage or other factors			
	n in detail in Part VI):			
2 Acquis	ition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	ct line 2 from line 1d.	3		
4 Cash d	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	structions).	4		
	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
	y line 5 by 0.035.	6		
	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter C	0.85 of line 1.	2		
3 Minimu	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	outable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets	<u> </u>		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLANS III		6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
•	(provide details in Part VI). See instructions.	io organization to responsive		8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
10	Elife o amount divided by line o amount	(i)	(ii)	10	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
Ū	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	•						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

2022.05060 METANOIA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

METANOIA

Employer identification number 20-0310400

Par	t I Organizations Maintaining Donor Advised Fund	ds or Other Sim	ilar Funds or Ac	counts. Comple	te if the
	organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised fu	inds (b) Funds and other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in	n donor advised fund	s	
	are the organization's property, subject to the organization's exclusive	e legal control?		Y	'es No
6	$\mbox{\rm Did}$ the organization inform all grantees, donors, and donor advisors	in writing that grant	unds can be used or	าly	
	for charitable purposes and not for the benefit of the donor or donor $% \left(1\right) =\left(1\right) \left(1$	advisor, or for any of	her purpose conferri	ng	
Da	impermissible private benefit?				'es No
Par	Somprete in the organization		n Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization (chec				
	Preservation of land for public use (for example, recreation or e	· —	reservation of a histo		
	Protection of natural habitat	P	reservation of a certif	fied historic structur	е
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contributio	n in the form of a cor		t on the last
	day of the tax year.				or the rax year
_	Total number of conservation easements			2a	
b				2b	
C	Number of conservation easements on a certified historic structure in			2c	
d	Number of conservation easements included in (c) acquired after July			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, released, exper-	extinguished, or term	mated by the organiz	zation during the tax	
4	year Number of states where property subject to conservation easement i	s located			
5	Does the organization have a written policy regarding the periodic me		handling of		
3	violations, and enforcement of the conservation easements it holds?		-		'es No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		nforcing conservation		
•	,	g 0. 110.a.i.o.i.o, a.i.a 0	ereg eemeertame	edeee.	
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforce	ing conservation eas	sements during the	vear
-		,	9	·-···· y ···· ,	,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		•	'es No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue	and expense statem	ent and	
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's fina	ancial statements tha	t describes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of Art, F	listorical Treası	ıres, or Other Si	imilar Assets.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue	e statement and bala	nce sheet works	
	of art, historical treasures, or other similar assets held for public exhil	oition, education, or	research in furtheran	ce of public	
	service, provide in Part XIII the text of the footnote to its financial start	tements that describ	es these items.		
b	If the organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue sta	atement and balance	sheet works of	
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or res	earch in furtherance	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical treasures, $% \left(1\right) =\left(1\right) \left(1\right) \left$	or other similar asset	s for financial gain, p	provide	
	the following amounts required to be reported under FASB ASC 958 $$				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Schedule D	(Form 990) 2022

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land		1,779,422.		1,779,422.		
b	Buildings		4,542,356.	622,773.	3,919,583.		
С	Leasehold improvements		497,478.	124,874.	372,604.		
	Equipment		145,874.	110,553.	35,321.		
е	Other						
Total	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 METANOIA		20	0-0310400 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 B+ IV I'	44 - O - Faura 000 Bart V Fac 40	
Complete if the organization answered "Yes" of			- d - d
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000. Part V. col. (P.) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			4,617,260.
(2) NET OPERATING LEASE			356,401.
(3) ASSETS HELD WITH CONDITION	IS		80,000.
(4) AMORTIZED CLOSING COSTS			9,355.
(5)			1 7 7 7 7 7
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		5,063,016.
Part X Other Liabilities.			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE			377,713.
(3) REFUNDABLE DEPOSITS			2,500.
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2022

380,213.

(8) (9)

Sche	dule D (Form 990) 2022 METANOIA			20-	0310400	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,874	,893
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	30,373.			
b	Donated services and use of facilities	2b	120,000.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,373</u>
3	Subtract line 2e from line 1			3	10,724	<u>,520</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	10,724	,520
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	3,379	<u>,971</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	120,000.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,000</u>
3	Subtract line 2e from line 1			3	3,259	<u>,971</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,259	<u>,971</u>
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

METANOIA ENTERED INTO AN AGREEMENT WITH THE LOWCOUNTRY ALLIANCE FOR MODEL COMMUNITIES IN 2016. UNDER THIS AGREEMENT, THE CITY OF NORTH CHARLESTON TRANSFERRED \$860,000 TO METANOIA FOR SERVICES. THE FUNDS ARE REQUIRED TO BE KEPT IN A SEPARATE ACCOUNT. METANOIA WILL WORK WITH TARGETED NEIGHBORHOODS TO DEVELOP AFFORDABLE HOUSING UNITS THAT WILL BE FINANCED WITH THESE FUNDS. THESE FUNDS ARE TO BE SPENT ACCORDING TO THE AGREEMENT. METANOIA WILL WORK WITH TARGETED COMMUNITIES IN NORTH CHARLESTON TO IDENTIFY POTENTIAL PROJECTS FOR NEW AND RENOVATED HOUSING. METANOIA WILL DEVELOP AS MANY HOMEOWNERSHIP UNITS AS THE CURRENT MARKET FOR SUCH CAN HOLD AND THE AGREEMENT ALLOWS FOR DEVELOPMENT OF AFFORDABLE RENTAL HOUSING THE MONEY TRANSFERRED TO A REVOLVING ACCOUNT FOR SHORT TERM (36 AS WELL.

Part XIII Supplemental Information (continued)

MONTHS PER PROJECT) ACQUISITION AND CONSTRUCTION FINANCING OF IDENTIFIED

PROPERTIES. AFTER 36 MONTHS OR ONCE THAT PROJECT IS COMPLETE, WHICHEVER IS

SOONER, METANOIA WILL FIND LONG TERM FINANCING FOR THESE PROPERTIES. NO

MORE THAN 10% OF A UNIT'S FINANCING FROM THE FUNDS OUTLINED IN THE MOU MAY

BE LEFT IN AN INDIVIDUAL UNIT FOR LONG TERM FINANCING. ALL HOMEOWNERS OR

RENTERS SERVED BY THIS GRANT MUST HAVE HOUSEHOLD INCOMES AT OR BELOW 120%

OF AREA MEDIAN INCOME ("AMI") ADJUSTED FOR FAMILY SIZE. HOUSING PROJECTS

UNDER THIS AGREEMENT WILL OPERATE WITHIN THE SCOPE OF THE COMMUNITY MASTER

PLAN FACILITATED BY THE LAMC AND ADOPTED BY THE CITY OF NORTH CHARLESTON.

PART X, LINE 2:

METANOIA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, METANOIA QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

MANAGEMENT EVALUATED METANOIA'S TAX POSITIONS AND CONCLUDED THAT METANOIA

HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS FOR THE

YEARS ENDED JUNE 30, 2023, AND 2022. THEREFORE, NO PROVISION OR LIABILITY

FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. METANOIA

IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization **METANOIA** 20-0310400 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) COMMUNITY FIRST LAND TRUST GRANT FOR THE CONSTRUCTION OF 8750 STE J-163 RIVERS AVENUE 81-3879587 501(C)(3) NORTH CHARLESTON, SC 29406 0 AFFORDABLE HOMES. 37,100.

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2022

METANOIA 20-0310400 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

METANOIA

Employer identification number 20-0310400

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HISTORICALLY BLACK NEIGHBORHOODS BY HONING THE UNIQUE ASSETS THAT EXIST HERE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AND OPEN COLLEGE SAVINGS ACCOUNTS TO WHICH METANOIA AWARDS MATCHING DOLLARS FOR EACH DOLLAR OF THEIR OWN EARNINGS THAT THEY ARE ABLE TO DURING THE SUMMERS METANOIA OPERATES A CHILDREN'S DEFENSE FUND FREEDOM SCHOOL WHERE 94% OF SCHOLARS EITHER GAIN (82.3%) OR MAINTAIN (11.6%) THEIR READING LEVELS DURING THE CRITICAL SUMMER MONTHS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WITH LOCAL MUNICIPAL LEADERS TO SUPPORT SMALL BUSINESS INFRASTRUCTURE WITHIN THE COMMUNITIES WE SERVE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CALL TO ACTION: METANOIA WORKS WITH THE CITIZENS OF THE COMMUNITY TO MOBILIZE COMMUNITY VOICE AROUND ISSUES THAT THEY IDENTIFY AS IMPORTANT. THE ORGANIZATION

FROM A RAIL FACILITY BEING BUILT ADJACENT TO THE COMMUNITY. **METANOIA** ALSO HOSTS VOLUNTEERS THAT WORK IN PARTNERSHIP WITH COMMUNITY RESIDENTS ON PROJECTS AND PROGRAMS THAT BENEFIT THE COMMUNITY. ANY ORGANIZING OF

CHANGE NEIGHBORHOOD ZONING LAWS, AND ACHIEVE MITIGATION FUNDING

THE COMMUNITY AROUND ISSUES OF IMPORTANCE IS NON-PARTISAN AND ISSUE

HAS WORKED TO ORGANIZE THE COMMUNITY TO GET A NEW ELEMENTARY SCHOOL

ORIENTED.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization METANOIA

Employer identification number 20-0310400

EXPENSES \$ 135,718. INCLUDING GRANTS OF \$ 308. REVENUE \$ 0.

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

A COPY OF THE 990 WILL BE SENT VIA EMAIL TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

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

THE POLICY APPLIES TO ALL MEMBERS OF THE BOARD AND EMPLOYEES. BOARD MEMBERS

AND EMPLOYEES HAVE AN OBLIGATION TO DISCLOSE REAL AND APPARENT OR PERCEIVED

CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS AND CEO. THE CHAIRPERSON OF

THE BOARD WILL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING

RESOLUTIONS OF THE CONFLICT INVOLVING THE BOD, ANY BOARD COMMITTEE MEMBER,

OR THE CEO AND ANY MEMBER OF THE SENIOR LEADERSHIP TEAM. THE CEO WILL BE

RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS

INVOLVING EMPLOYEES BELOW THE SENIOR MANAGEMENT LEVEL, SUBJECT TO THE

APPROVAL OF THE BOD. THOSE DETERMINED TO HAVE A CONFLICT WILL ABSTAIN FROM

PARTICIPATING IN, DISCUSSING, OR VOTING ON THE ISSUES.

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

THE BOARD OF DIRECTORS APPOINTS A COMMITTEE TO REVIEW THE CEO COMPENSATION

PACKAGE AND INDEPENDENTLY COMPARES THIS PACKAGE TO THAT OF LIKE

ORGANIZATIONS. THE CEO IS RESPONSIBLE FOR EVALUATION OF COMPENSATION FOR

ALL OTHER EMPLOYEES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2022	Page 2
Name of the organization METANOIA	Employer identification number 20-0310400
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
FORM 990 - AMENDED RETURN CHANGES:	
THE FORM 990 WAS AMENDED TO CORRECT THE FOLLOWING:	
FORM 990, SCHEDULE I, PART II, LINE 1H:	
THE DUDDOGE OF THE CRANT HAS DEEN GUANGED TO GLEADLY EVEL	
THE PURPOSE OF THE GRANT HAS BEEN CHANGED TO CLEARLY EXPLA	
INTENDED USE OF THE FUNDS, WHICH IS TO AID IN THE CONSTRUCTION AFFORDABLE HOMES.	TION OF
AFFORDABLE HOMED:	
	_

2022.05060 METANOIA

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 20-0310400 **METANOIA** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) OLD CHICORA LANDLORD, LLC SOUTH CAROLINA METANOIA Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations trouted as a partitioning starting the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with	n one or more rel	ated organizations listed in	n Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f				
					1g				
h	g Sale of assets to related organization(s) h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)									
i	Lease of facilities, equipment, or other assets to related organization(s)				1j				
•	, 11 ,								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11				
m	Performance of services or membership or fundraising solicitations by related organization				1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n				
					10				
	3 1 1 7 3 (7								
р	Reimbursement paid to related organization(s) for expenses				1p				
	Reimbursement paid by related organization(s) for expenses				1q				
٦									
r	Other transfer of cash or property to related organization(s)				1r				
					1s				
	If the answer to any of the above is "Yes," see the instructions for information on who mu				1 1				
	(a)	(b)	(c)	(d)					
		Transaction	Amount involved	Method of determining amount inv	olved				
		type (a-s)		•					
1)									
2)									
3)									
4)									
•									
5)									
6)									
	•					000) 0000			

Yes No

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

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