

OPEN TO PUBLIC INSPECTION

Anders Minkler Huber & Helm LLP

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Form	990
FOIIII	220

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EXTENDED TO NOVEMBER 15, 2022

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.



A For the 2021 colord	
Department of the Treasury nternal Revenue Service	

AI	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check i applicat	c Name of organization		D Employer identific	ation number
	Addr	ge DESALES COMMUNITY DEVELOPMENT			
	Nam Chan	e		43-110376	52
	Initia retur		Room/suite	E Telephone number	
	Final retur	2759 DIICCELL BLVD		314-776-5	
	term ated			G Gross receipts \$	2,025,079.
	retur	n ^{ded} ST. LOUIS, MO 63104		H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer: THOMAS J. PICKEL		for subordinates	? Yes X No
	penc	Z759 RUSSELL BLVD., ST. LOUIS, MO 6310	4	H(b) Are all subordinates inc	cluded? Yes No
		xempt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🦳 4947(a)(1) c	or 🗌 527	If "No," attach a	ist. See instructions
		ite: WWW.DESALESHOUSING.COM		H(c) Group exemptior	
		of organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year of	of formation: 1976 M	State of legal domicile: MC
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			LOPMENT IS
Activities & Governance		A COMMUNITY-BASED NON-PROFIT ORGANIZATION			
ernä	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
Š	3				16
ن مح	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			71
iči	6	Total number of volunteers (estimate if necessary)			14
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		<u>197,675</u> . 1,500,477.	<u>671,117.</u> 1,329,491.
/en	9	Program service revenue (Part VIII, line 2g)		2,393.	1,329,491.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56,855.	17,995.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,757,400.	2,018,604.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	2,010,004.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	40	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,504,250.	1,342,447.
ses	16-	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	102	o Total fundraising expenses (Part IX, column (D), line 176) → 33, 14	10.		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		610,086.	554,511.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,114,336.	1,896,958.
	19	Revenue less expenses. Subtract line 18 from line 12		-356,936.	121,646.
or	3		Bee	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		3,417,792.	3,506,099.
Net Assets or	21	Total liabilities (Part X, line 26)		3,081,866.	3,444,648.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		335,926.	61,451.
Pa	art II			,- ,- ,	,
Und	er per	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	THOMAS J. PICKEL, EXECUTI	IVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name Pre	parer's signature	Pate Check PTIN
Paid	JEANNE DEE		self-employed P01082093
Preparer	Firm's name 🕒 ANDERS MINKLER HUBE	ER & HELM LLP	Firm's EIN 🕨 43-0831507
Use Only	Firm's address 800 MARKET STREET,	SUITE 500	
	ST. LOUIS, MO 63101	1-2501	Phone no. (314)655-5500
May the IF	RS discuss this return with the preparer shown above? S	See instructions	X Yes No
132001 12-09	9-21 LHA For Paperwork Reduction Act Notice, se	ee the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	1 990 (2021) DESALES COMMUNITY DEVELOPMENT	43-1103	/02	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			. L
	Briefly describe the organization's mission: NONE			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?	[Yes	ΧN
	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	XN
	If "Yes," describe these changes on Schedule O.			
1	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by ex	penses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expe	enses, and	b
	revenue, if any, for each program service reported.			
la			40,5	
	COMMUNITY DEVELOPMENT - NEIGHBORHOOD SUPPORT SERVICES, I		BLOC	K
	UNIT ORGANIZING, SAFETY STRATEGIES, NEIGHBORHOOD PLANNIN			
	BEAUTIFICATION. INCLUDES THE OPERATION OF THE MANAGEMENT		NCE	
	PROGRAM (MAP), A CITY-FUNDED PROGRAM THAT PROVIDES PROFE	SSIONAL		
	MANAGEMENT OF PROBLEM PROPERTIES.			
4b	(Code:) (Expenses \$1,531,357. including grants of \$) (Rever	¢ 1	283,1	69
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2021.05000 DESALES COMMUNITY DEVELOP 03568.01

Form 990 (DEVELOPMENT
Part IV	Checklist of I	Required School	edules	

			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			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
	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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		<u>X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		- 23
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		- 23	
13		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
132003	12-09-21		990 ((2021)

132003 12-09-21

2021.05000 DESALES COMMUNITY DEVELOP 03568.01

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Form	990	(2021)
FUIII	330	120211

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
~~	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	LL		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	20C		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>.</u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		X -	
4 -			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) DESALES COMMUNITY DEVELOPMENT 43-1103	762	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		┣──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section $170(c)$.	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
لم	to file Form 8282?	7c		
		7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990	(2021)
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Check if Schedule O contains a response or note to any line in this Part VI

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X

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	5		
	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.			
	Enter the number of voting members included on line 1a, above, who are independent	5		
	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		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_ <u>_</u>
	persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 23	
		9		x
lert	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	19	I	
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Ne
0-	Did the organization have least chanters, branches, or efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ble
	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 Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	LISETTE ORTEGA-VIDAL - 314-776-5444			
	2759 RUSSELL BLVD., ST. LOUIS, MO 63104			

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 VI

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	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) THOMAS PICKEL EXECUTIVE DIRECTOR	24.00	-		х				98,712.	0.	9,028.
(2) LISETTE ORTEGA-VIDAL	40.00									
CHIEF OPERATING OFFICER	4.00	1		х				71,970.	Ο.	7,018.
(3) CHRIS NAFFZIGER	0.50									
PRESIDENT	0.50	Х		х				0.	Ο.	0.
(4) PATRICK MOORE	0.50									
VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(5) DAVID RODGERS	0.50									
TREASURER	0.50	Х		Х				0.	0.	0.
(6) MELISA SANDERS	0.50									
SECRETARY	0.50	Х		Х				0.	0.	0.
(7) MARY WILSON	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(8) STEVE SOUDER	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(9) LOURA GILBERT	0.50									_
BOARD MEMBER	0.50	Х						0.	0.	0.
(10) SONYA HENRY	0.50									_
BOARD MEMBER	0.50	Х						0.	0.	0.
(11) JOHN KENNEDY	0.50									-
BOARD MEMBER	0.50	Х						0.	0.	0.
(12) LARRY MCCARTHY	0.50								•	•
BOARD MEMBER	0.50	Х						0.	0.	0.
(13) RIAHNA KASTNER	0.50								0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(14) TAMMIE SHELTON	0.50								0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(15) JESSICA DEEM	0.50								•	
BOARD MEMBER	0.50	X						0.	0.	0.
(16) STEPHANIE MCKINNEY	0.50								<u>^</u>	
BOARD MEMBER	0.50	X						0.	0.	0.
		-								
	1									– 000 (0001)

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Form 990 (2021)

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Form 990 (2021) DESALES C	COMMUNIT	Ϋ́	DE	VE	LO	PM	EN	T	43-11	03762	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	hours per t		ge Position (do not check more than one box, unless person is both an			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	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	c/ fr org an	pensation rom the ganization d related anizations
1b Subtotal								170,682.			6,046.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								170,682.		0. 1	6,046.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to the	ose	listeo	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		0 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>			•	•	-		Ŭ	• •		3	X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization		x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes,	" <i>col</i> satio	mple on fro	te S om a	Sche anv	edule unre	e <i>J fe</i> elate	or such individual	lual for services	4	
rendered to the organization? If "Yes," com										5	X
Section B. Independent Contractors											
 Complete this table for your five highest con the organization. Report compensation for t 										nsation fro	m
(A) Name and business	address	NC	ONE					(B) Description of s	ervices		C) nsation
		110									
 2 Total number of independent contractors (ir \$100,000 of compensation from the organiz 		ot lin	nited	to t	hos C		ted	above) who received mo	ore than		
¥									_	Form	990 (2021)

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	<u>1 990</u>		NITY DEVI	ELOPMENT		43-1103	762 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin		(B)	(C)	
				(A) Total revenue	(D) Related or exempt		(D) Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Gra Jou	b		20 052				
ts, An	c	a	29,052.				
Gif İlar	d	· · · · · · · · · · · · · · · · · · ·	531,300.				
ns, Sim	e	Government grants (contributions) 1e	551,500.				
utio	т	All other contributions, gifts, grants, and	110,765.				
Oth	~	similar amounts not included above If Noncash contributions included in lines 1a-1f Ig \$	110,705.				
out	g h			671,117.			
0 0		Total. Add lines Ta-11	Business Code	0/1/11/0			
•	2 a	OTHER PROPERTY INCOME	539139	786,720.	786 720.		
vice	z a b		531390	451,270.	786,720. 451,270.		
Ser	c		531390	91,501.	91,501.		
im (d			,	,301.		
Program Service Revenue	e						
Pro	f	All other program service revenue					
	q	Total. Add lines 2a-2f		1,329,491.			
	3	Investment income (including dividends, intere					
		other similar amounts)		1.			1.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	· · · · · · · · · · · · · · · · · · ·	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
anı		and sales expenses 7b					
evenue		Gain or (loss)					
, Re		Net gain or (loss)	····· 🕨				
Other R	8 a	Gross income from fundraising events (not					
Ò		including \$ 22,576. of					
		contributions reported on line 1c). See	6 176				
		Part IV, line 18					
	b	Less: direct expenses	∪,4/3.	1.			1.
	C Q		▶	L •			L •
	зa	Gross income from gaming activities. See Part IV, line 19 9a					
	b						
	น ว		▶				
		Gross sales of inventory, less returns					
	a	and allowances	3				
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	>				
		(, ·	Business Code				
snc	11 a	MISCELLANEOUS REVENUE	812900	17,994.	17,994.		
nec	b						
ella	с						
Miscellaneous Revenue	d	All other revenue					
2	e	Total. Add lines 11a-11d		17,994.			
	12	Total revenue. See instructions		2,018,604.	1,347,485.	0.	2.
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DESALES COMMUNITY DEVELOPMENT

Page **9**

DESALES COMMUNITY DEVELOPMENT Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 700	171 201	12 046	2 201
_	trustees, and key employees	186,728.	171,301.	12,046.	3,381
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	985,757.	904,315.	63,595.	17,847
7	Other salaries and wages	505,151.	JU4,JIJ.	05,595.	1/,04/
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	43,834.	40,212.	2,828.	794
9	Other employee benefits	126,128.	115,707.	8,137.	2,284
0 1	Payroll taxes	120,120.	,/0/•	0,13/.	4,204
	Fees for services (nonemployees):				
a h	Management	9,299.	7,270.	1,195.	834
b		41,000.	32,056.	5,268.	3,676
	Accounting	41,000.	52,050.	5,200.	5,070
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	33,745.	26,383.	4,336.	3,026
12	Advertising and promotion	687.	660.	15.	12
3	Office expenses	59,803.	46,104.	13,059.	640
4	Information technology	101,384.	101,384.		
5	Royalties				
16	Occupancy	52,584.	16,800.	35,784.	
7	Travel	3,296.	3,296.		
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	47,127.	40,970.	6,157.	
1	Payments to affiliates		·		
2	Depreciation, depletion, and amortization	9,196.	8,361.	716.	119
3	Insurance	28,995.	27,941.	527.	527
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
9	REPAIRS AND MAINTENANCE	38,414.	38,414.		
a h	REAL ESTATE TAXES	11,715.	11,715.		
c b	BAD DEBT EXSPENSE	50.	50.		
d					
	All other expenses	117,216.	117,216.		
25	Total functional expenses. Add lines 1 through 24e	1,896,958.	1,710,155.	153,663.	33,140
. <u>.</u> 86	Joint costs. Complete this line only if the organization	,,	, _, _, _, _, _, _, _, _, _, _, _, _, _,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			258,140.	1	82,053.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				з	
4	Accounts receivable, net			342,927.	4	428,595.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
	controlled entity or family member of any of thes	se person	IS		5	
6	Loans and other receivables from other disqualif	fied perso	ons (as defined			
	under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	733,116.
8	Inventories for sale or use				8	
9	B			3,845.	9	3,845.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	790,657.			
b		10b	166,680.	68,776.	10c	623,977.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1		I		12	
13	Investments - program-related. See Part IV, line -			684.	13	822.
14	Intangible assets				14	
			F			

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

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

Organizations that do not follow FASB ASC 958, check here

Total assets. Add lines 1 through 15 (must equal line 33)

43-1103762 Page 11

1,633,691.

3,506,099.

1,140,902.

1,797,359.

3,444,648.

90,033.

61,451.

414,052.

2,302.

3,506,099. Form 990 (2021)

61,451.

2,743,420.

3,417,792.

292,811.

682,007.

2,105,497.

3,081,866.

335,926.

335,926.

417,792.

3

1,551.

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Form 990 (2	2021)	
Part X	Ba	lance	Sheet

Assets

15

16

17

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32

33

of Schedule D

Liabilities

Net Assets or Fund Balances

	990 (2021) DESALES COMMUNITY DEVELOPMENT	43-11	.03762	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
				_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,018	<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,896	<u> </u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>121</u> 335				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-396	5,12			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	61	.,4	51.		
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	0.					
2a			2 a	_	<u> </u>		
	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				37		
b	Were the organization's financial statements audited by an independent accountant?		2 b	_	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			37		
	Act and OMB Circular A-133?		3 a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of th	e organization
------------	----------------

ame of the organization Employer identification number							
DESALES COMMUNITY DEVELOPMENT		43-1103762					
Part I Reason for Public Charity Status. (All organizations must complete this part.) S	See instruction	S.					
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii	ii).						
4 A medical research organization operated in conjunction with a hospital described in sectio	on 170(b)(1)(A)	(iii). Enter the hospital's name,					
city, and state:							
5 An organization operated for the benefit of a college or university owned or operated by a go	overnmental u	nit described in					
section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)	(v).						
7 X An organization that normally receives a substantial part of its support from a governmental	unit or from th	ne general public described in					
section 170(b)(1)(A)(vi). (Complete Part II.)							
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city	, and state of	the college or					
university:							
	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from						
activities related to its exempt functions, subject to certain exceptions; and (2) no more than							
income and unrelated business taxable income (less section 511 tax) from businesses acqui	red by the org	anization after June 30, 1975.					
See section 509(a)(2). (Complete Part III.)							
11 An organization organized and operated exclusively to test for public safety. See section 50							
12 An organization organized and operated exclusively for the benefit of, to perform the function		• • • •					
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).							
 a Type I. A supporting organization operated, supervised, or controlled by its supported org 		•					
a Type I. A supporting organization operated, supervised, or controlled by its supported org the supported organization(s) the power to regularly appoint or elect a majority of the direct							
organization. You must complete Part IV, Sections A and B.		es of the supporting					
b Type II. A supporting organization supervised or controlled in connection with its supported	ed organizatio	n(s) by having					
control or management of the supporting organization vested in the same persons that co	-						
organization(s). You must complete Part IV, Sections A and C.		50 Capperied					
c Type III functionally integrated. A supporting organization operated in connection with, a	and functional	lv integrated with.					
its supported organization(s) (see instructions). You must complete Part IV, Sections A,		· · · · · · · · · · · · · · · · · · ·					
d Type III non-functionally integrated. A supporting organization operated in connection w		ted organization(s)					
that is not functionally integrated. The organization generally must satisfy a distribution rec	quirement and	an attentiveness					
requirement (see instructions). You must complete Part IV, Sections A and D, and Part	-						
e Check this box if the organization received a written determination from the IRS that it is a	Type I, Type	II, Type III					
functionally integrated, or Type III non-functionally integrated supporting organization.							
f Enter the number of supported organizations							
g Provide the following information about the supported organization(s).							
(i) Name of supported (ii) EIN (iii) Type of organization listed in your governing document?	(v) Amount of support (see ir	, , ,					
above (see instructions)) Yes No	support (see il	istructions) support (see instructions)					

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	176,796.	125,979.	94,195.	197,675.	671,117.	1265762.
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	176,796.	125,979.	94,195.	197,675.	671,117.	1265762.
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.						1265762.
	ction B. Total Support				[
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	176,796.	125,979.	94,195.	197,675.	671,117.	1265762.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	399.	2,716.	1,969.	2,393.	83.	7,560.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	68,827.	20,839.	1,888.	1,528.	0.	93,082.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		50,372.			44,870.	95,242.
11	Total support. Add lines 7 through 10						1461646.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi						96 60
	Public support percentage for 2021 (I		•	())		14	86.60 %
	Public support percentage from 2020					15	. %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
4-	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						IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box a		
						Schedule A	(Form 990) 2021

					in Section 509(a)(2)
Schedule A	(Form 990)	2021	DESALES	COMMUNITY	DEVELOPMENT

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)]					
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgaı	nization,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						ation ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in		
13202	23 01-04-22		16	5		Scheo	dule A (Form 990) 2021

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2021.05000 DESALES COMMUNITY DEVELOP 03568.01

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

132024 01-04-21

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

Schedule A (Form 990) 2021

DESALES COMMUNITY DEVELOPMENT Schedule A (Form 990) 2021

1

2

1

2

3

2a

2b

3a

Yes No

prior tax

<u>No</u> Yes

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	
	_

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 uting Organizations

Sec	and b. All Type in Supporting Organizations
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
	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?

- 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).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a З 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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗋	The organization supported a go	vernmental entity. Describe i	n Part VI how y	ou supported a g	governmental entity	(see instruction <u>s).</u>
-----	---------------------------------	-------------------------------	-----------------	------------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

18 2021.05000 DESALES COMMUNITY DEVELOP 03568.01

Schedule A	(Form 990)	2021	DESALES	COMMUNITY	DEVELOPMENT	
Part V	Type III	Non-Function	onally Integra	ated 509(a)(3) S	upporting Organizati	ions

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

6	Other distributions (describe in Part VI). See instructions.	6			
_7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

1

2

3 4

5

Current Year

Section D - Distributions

3

20 2021.05000 DESALES COMMUNITY DEVELOP 03568.01

Schedule A	(Form 990) 2021			DEVELOPMENT	43-1103762 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section E	1, 2, 3b, 3c, 4b, 4), lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, ⁻ rt IV, Section E, line	11a, 11b, and 11c; Part IV s 1c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, 'art V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
132028 01-04-2	2			21	Schedule A (Form 990) 202

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(Form 990))
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

DESALES COMMUNITY DEVELOPMENT

Employer identification number 43 - 1103762

Par	t I Organizations Maintaining Donor Advised		milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
•	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or		• •	
Par	impermissible private benefit?			
1	Purpose(s) of conservation easements held by the organizatio			,
•	Preservation of land for public use (for example, recreat	-	Preservation of a hist	orically important land area
	Protection of natural habitat		1	ified historic structure
	Preservation of open space		I Teservation of a cen	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a co	onservation easement on the last
2	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year ►			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		on, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
			C C	C <i>1</i>
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and ent	orcing conservation ea	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	on easements in its reven	ue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e 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 trea		e .	provide
	the following amounts required to be reported under FASB AS	-		
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 Form 990.		Schedule D (Form 990) 2021
132051	10-28-21			

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Sche		COMMUNITY						43-11	<u>0376</u> 2	2 Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histor	ical Tre	easures, or	Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check ar	ny of the f	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 Lo	an or exc	hange progra	m					
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for cor	ntribution	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or cu	ustodial accou	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete							<u> </u>			
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur			column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		_%									
0-	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ession of the organiza	ation that a	re neid ar	na administere	ea for th	e organiza	ation	1	Yes	No
	by:								20(1)	103	NO
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations								3a(ii) 3b		
U A	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipm			us.							
	Complete if the organization answere). Part IV. li	ne 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	be	(d) Boo	k valu	e
	Description of property	basis (investr		• •	(other)	. ,	preciation		(u) B00	it value	0
19	Land		,		0,694.				2	0,69	94.
	Buildings				4,300.		43,8	24.		0,4'	
	Leasehold improvements				.,		,		~ *	- , -	
	Equipment										
	Other			18	5,663.	•	122,8	56.	6	2,80	07.
	Add lines 1a through 1e. (Column (d) must e		X column			-	,•			3,9	
		Aquari uni 330, rall		ן שווו יע	<u>vv</u> ,			<u> </u>		, -	

Schedule D (Form 990) 2021

132052 10-28-21

		MMUNITY DEVELOR	MENT	43-1103762 Page 3
Part \				
	Complete if the organization answered "Yes			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation:	: Cost or end-of-year market value
	ncial derivatives			
	ely held equity interests			
(3) Othe	er			
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u> (F)				
(G)				
(G) (H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part V	/III Investments - Program Related.			
	Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1c. See Form 990, Part X, li	ne 13.
	(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part I	X Other Assets.			
	Complete if the organization answered "Yes		1d. See Form 990, Part X, li	
	-) Description		(b) Book value
	DUE FROM RELATED PARTIES			1,585,982.
(2)	SECURITY DEPOSITS			47,709.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 (22 (01
	Column (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	ne 15.)		1,633,691.
Part)		an Form 000 Dart IV/ line 1	10 or 11f Coo Form 000 D	art V line 05
	Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line I	Te of TH. See Form 990, Pa	(b) Book value
<u>1.</u>				(b) Book value
	Federal income taxes TENANT SECURITY DEPOSITS			49,567.
	DUE TO RELATED PARTIES			1,747,792.
	DUE IO RELAIED PARILES			1,141,192.
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (6		05 \		1,797,359.
	<u>Column (b) must equal Form 990, Part X, col. (B) lin</u> ility for uncertain tax positions. In Part XIII, provid			
	inity for uncertain tax positions. In Part Ain, provid unization's liability for uncertain tax positions under			
Jugo				

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 DESALES COMMUNITY DEVEL		43-1103762	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Da		<u> </u>		
га	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	
Га	Tt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expen	ses per Return.	
<u>га</u> 1	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	
	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expen	ses per Return.	
1	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.	ses per Return.	
1 2	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expen	ses per Return.	
1 2 a	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With Expen ne 12a.	ses per Return.	
1 2 a	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With Expen ne 12a.	ses per Return.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	atements With Expen ne 12a. 2a 2b 2c 2d	ses per Return. 1	
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	atements With Expen ne 12a. 2a 2b 2c 2d	2e	
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	atements With Expen ne 12a. 2a 2b 2c 2d	2e	
1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	
1 2 3 4	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	2e	
1 2 d c d e 3 4 a b	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	atements With Expen ne 12a. 2a 2b 2b 2c 2d	2e 3	
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	atements With Expen ne 12a. 2a 2b 2b 2c 2d	ses per Return. 1 2e 3 4c	

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.

132054 10-28-21

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						vities	OMB No. 1545-0047	
(Form 990)							or if the	2021	
Department of the Treasury								Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization	DESALES	COMMUNITY DEVELOP					43-1103		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether the a Mail solicitation Mail solicitation Internet and Phone solicitation Phone solicitation In-person solicitation Did the organization key employees list 	e organization rais tions email solicitations itations blicitations on have a written c ted in Form 990, P) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in wh or licensing.	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedule	e G (Form 990) 2021	

Schedule G (Form 990) 2021 DESALES COMMUNITY DEVELOPMENT

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio m 990-E7 lines 1 and 6b List events with a n \$5 000 For and a ointo ~ i.

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			NIGHT OUT		NONE	(add col. (a) through
			FOR NEIGHBOR	(avent type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	29,052.			29,052.
	2	Less: Contributions	22,576.			22,576
	3	Gross income (line 1 minus line 2)	6,476.			6,476
	4	Cash prizes				
<i>"</i>	5	Noncash prizes	232.			232.
Direct Expenses	6	Rent/facility costs	4,130.			4,130.
rect Ex	7	Food and beverages	380.			380.
ā	8	Entertainment				
	9	Other direct expenses	1			1,733.
		Direct expense summary. Add lines 4 through			•	6,475.
_ I		Net income summary. Subtract line 10 from li				1.
e		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
-	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		▶	
	-					
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
						edule G (Form 990) 202

Schedule G (Form 990) 2021	DESALES COMMUNIT	Y DEVELOPMENT	43-1103762 Page 3
11 Does the organization conduct ga		?	
	•	ember of a partnership or other entity for	
13 Indicate the percentage of gamin			
			13a %
		zation's gaming/special events books and	
Name 🕨			
Address 🕨			
15a Does the organization have a con	itract with a third party from whom	the organization receives gaming revenu	e? Yes No
		ization 🕨 \$ and t	he amount
	e third party > \$		
c If "Yes," enter name and address	of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager information:			
Name 🕨			
Gaming manager compensation	▶ \$		
Description of services provided	•		
· · ·			
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
	r state law to make charitable distr	ibutions from the gaming proceeds to	
retain the state gaming license?			Yes No
	•	tributed to other exempt organizations or	spent in the
organization's own exempt activit Part IV Supplemental Infor	mation. Provide the explanation	ns required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	s applicable. Also provide any addi	tional information. See instructions.	
132083 10-21-21			Schedule G (Form 990) 2021
		32	

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32 2021.05000 DESALES COMMUNITY DEVELOP 03568.01

Part IV	Supplemental Information (continued)
	· · ·
	Schedule G (Form 990)

132084 11-18-21

SCHEDULE O (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. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

Name of the organization

DESALES COMMUNITY DEVELOPMENT

43-1103762

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

REVITALIZATION, AFFORDABLE HOUSING AND GOOD PROPERTY MANAGEMENT IN

NEIGHBORHOODS IN AND NEAR THE CITY OF ST. LOUIS.

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

THE FORM 990 IS PRESENTED TO THE FULL BOARD FOR APPROVAL BEFORE IT IS

FILED. IT IS EITHER PRESENTED BY THE PREPARER OR BY A MEMBER OF THE AUDIT

COMMITTEE. THE CHAIR OF THE AUDIT COMMITTEE ALSO REVIEWS A DRAFT BEFORE IT

GOES TO THE FULL BOARD.

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

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND AGREE TO

COMPLY WITH THE POLICY. IF ANYONE BECOMES AWARE OF POTENTIAL CONFLICT, THEY

ARE EXPECTED TO NOTIFY AND DISCLOSE TO THE PRESIDENT OF THE BOARD OF

DIRECTORS.

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

A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF THE

EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER, AND ALSO REVIEWS

COMPRABILITY INFOMRATION. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY

EMPLOYEES.

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

GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST; AUDITED FINANCIAL

STATEMENTS ARE REPRINTED IN THE ANNUAL REPORT WHICH IS MADE AVAILABLE TO

 THE PUBLIC UPON REQUEST AND PROVIDED TO CERTAIN STAKEHOLDERS AND COMMUNITY

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

132211 11-11-21

11551114 781445 03568.000

34

Schedule O (Form 990) 2021		Page 2 Employer identification number
Name of the organization DESALES COMMUNITY I	EVELOPMENT	43-1103762
MEMBERS.		
PART XII, LINE 2C		
NO CHANGE FROM PRIOR YEAR.		
132212 11-11-21		Schedule O (Form 990) 2021
	35	

SCH	IEDULE 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

21 **Open to Public** Inspection

Employer identification number

43-1103762

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

Name of the organization

DESALES COMMUNITY DEVELOPMENT

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEIGHBORHOOD HOLDINGS, LLC - 43-1103762					
2759 RUSSELL BLVD					
ST. LOUIS, MO 63104	REAL ESTATE	MISSOURI			N/A
JEFFERSON RUSSELL, LLC - 43-1103762					
2759 RUSSELL BLVD					
ST. LOUIS, MO 63104	REAL ESTATE	MISSOURI			N/A
FOX GROVE MANAGEMENT, LLC - 43-1103762					
2759 RUSSELL BLVD	1				
ST. LOUIS, MO 63104	REAL ESTATE	MISSOURI	1,308,976.	1,199,518.	N/A
FOX PARK SOUTH DEVELOPMENT CO, LLC -					
43-1103762, 2759 RUSSELL BLVD, ST. LOUIS, MO	7				
63104	REAL ESTATE	MISSOURI	0.	609,846.	N/A

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
COMPTON HILL PROPERTIES, LLC - 43-1865485				501(c)(3))	DESALES COMMUNITY	Yes	No
2759 RUSSELL BLVD	1				HOUSING		
ST. LOUIS, MO 63104	REAL ESTATE	MISSOURI	501(C)(3)		CORPORATION	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) DESALES COMMUNITY DEVELOPMENT

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
2528 TEXAS LANDLORD, LLC - 43-1103762 2759 RUSSELL BLVD					
	— L				
ST. LOUIS, MO 63104	REAL ESTATE	MISSOURI	32,004.	678,921.	N/A

DESALES COMMUNITY DEVELOPMENT Schedule R (Form 990) 2021

43-1103762 Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	0	n)	(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	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI	General or	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
COMPTON HILL 2002, LP -	-										
02-0593586, 2759 RUSSELL BLVD, ST. LOUIS, MO 63104	REAL ESTATE	мо	NEIGH. HLDGS	RELATED	-6.	-5,829.		x	N/A	x	.01%
DESALES MHA 2000, LP - 43-1907670, 2759 RUSSELL BLVD, ST. LOUIS, MO 63104	REAL ESTATE	МО	N/A	RELATED	-47.	6,063.		x	N/A	x	.10%
COMPTON PLACE ASSOCIATES, LP - 43-6708111, 2759 RUSSELL BLVD, ST. LOUIS, MO 63104	REAL ESTATE	мо	N/A	RELATED	-1,108.	46,594.		x	N/A	x	10.00%
DESALES MHA II, LP - 43-1730841, 2759 RUSSELL BLVD, ST. LOUIS, MO 63104	REAL ESTATE	MO	N/A	RELATED	66.	2,530.		x	N/A	x	1.00%

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. Part IV

(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		(i) ction (b)(13) rolled tity? No			
								162				

Schedule R (Form 990) 2021 DESALES COMMUNITY DEVELOPMENT

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
•				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMPTON HILL PROPERTIES, LLC	D	159,131.	BALANCE OF DUE TO
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 DESALES COMMUNITY DEVELOPMENT

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)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne 501(i org	all	Share of			opor-	Code V-UBI	Genera	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3) s ?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ging er?	ownership
-		country)	sections 512-514)	Yes	No	income		Yes	No	(Form 1065)	Yes	NO	
			· · · ·										
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Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instr	ructions.		Taxpayer	identificatio	n number (TIN)					
print	DESALES COMMUNITY DEVELOPM	ENT			43-11	03762					
File by th due date filing you	ate for Number, street, and room or suite no. If a P.O. box, see instructions.										
return. See instructions. Introduction billing b											
Enter t	he Return Code for the return that this application is for (f	ile a separa	te application for each return)								
Applic	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	90-T (trust other than above)	06	Form 8870			12					
Form 9	90-T (corporation) LISETTE ORTEGA	07									
 If th If th box 1 1 t t 2 1 	request an automatic 6-month extension of time until he organization named above. The extension is for the or ▶ I calendar year 2021 or ▶ 1 tax year beginning f the tax year entered in line 1 is for less than 12 months, I Change in accounting period	t Group Exe and atta NOVEI ganization's , an check rease	mption Number (GEN), . ach a list with the names and TINs of MBER 15, 2022 , to file return for: ad ending on: Initial return	If this is fo	r the whole g ers the exten npt organizat	roup, check this sion is for.					
	f this application is for Forms 990-PF, 990-T, 4720, or 606 any nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.					
	f this application is for Forms 990-PF, 990-T, 4720, or 606 estimated tax payments made. Include any prior year over			3b	\$	0.					
сE	Balance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by								
	ising EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.					
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	al (direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	-TE for payment					
LHA	For Privacy Act and Paperwork Reduction Act Notice	e. see instru	ictions.		Form 8	868 (Rev. 1-2022)					

123841 01-12-22