PUBLIC DISCLOSURE COPY ** **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning and	ending		
B C	heck if	NOCK CREEK RESEARCH & DEVELOPMENT		D Employer identific	eation number
	Addres	LABS, INC.			
	Name chang	Doing business as		31-090473	L6
	Initial return Final return/		Room/suite	E Telephone number	,
	termin ated			G Gross receipts \$	1,110,103.
	Ameno	<u> </u>		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: UAMES MCCARTI		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ах-өх	empt status: X 501(c)(3) 5 501(c)() (insert no.) 4 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1976 N	State of legal domicile; KY
Ра	rt I	Summary		~ ~	
ø	1	Briefly describe the organization's mission or most significant activities: DISCO	OVERTN	G AND SHARIN	<u>IG</u>
Activities & Governance		PHILOSOPHY TO AID IN THE SPIRITUAL EVOLUT			
ern		Check this box if the organization discontinued its operations or dispos		Ĭ I	
Š				3	5
æ		Number of independent voting members of the governing body (Part VI, line 1b)			4
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			72
ţį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Net difference business taxable income from our officers, in err, in err		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		92,093.	109,083.
Jue		Program service revenue (Part VIII, line 2g)	N-2200000000000000000000000000000000000	355.	44,888.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193,720.	-53,419.
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		204,868.	167,752.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		491,036.	268,304.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,007.	2,805.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	CONTRACTOR	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		120,406.	228,980.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
cbe		Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,759.	139,423.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		259,172.	371,208.
		Revenue less expenses. Subtract line 18 from line 12		231,864.	-102,904.
s or			Be	ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		1,818,010.	1,627,719.
et A		Total liabilities (Part X, line 26)		2,440.	1,800.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		1,815,570.	1,625,919.
			and atatama	enter and to the heat of my	knowledge and helief, it is
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and Deller, it is
ıue,	COLLEC	i, and complete. Declaration of preparer (other than officer) is based on an information of wir	icii preparei	lias any knowledge.	
Sigr		Signature of officer		I Date	
-ler		JAMES MCCARTY, PRESIDENT			
loi v		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
aid		MELINDA L. HECK MELINDA L. HECK	1	1/14/23 if self-employe	P01392306
	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF P			1-1064249
(1 .5)	Only	Firm's address 9300 SHELBYVILLE ROAD SUITE 1100			
		LOUISVILLE, KY 40222-5187		Phone no. (5	02)426-9660
Vlay	the IF	AS discuss this return with the preparer shown above? See instructions			X Yes No

Note that the totals on Lines 10, 12, and 22, along with net asset totals given elsewhere, include funds from an endowment gifted to L/L Research in 2018 by an incredibly generous, anonymous donor, along with the investment income accrued from that endowment. In both cases, these funds are restricted and are not available for spending, but rather remain in long-term investments to ensure the security of L/L Research's longevity.

For more information on this endowment, see the Yellow-Ray Information page on our library website.

Pai	rt III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	DISCOVERING AND SHARING PHILOSOPHY TO AID IN THE SPIRITUAL H	EVOLUTION
	OF HUMANKIND.	
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 X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured as the organization of the	red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	44,888.)
	WE SERVE SPIRITUAL SEEKERS THROUGH VARIOUS MEANS, INCLUDING	HOLDING
	REGULAR SILENT AND CHANNELING MEDITATIONS TO GENERATE MATERI	IAL FOR OUR
	LIBRARY, SERVE THE LOCAL COMMUNITY, AND HOST VISITORS; REPLY	ING TO ALL
	SEEKER EMAILS REQUESTING RESOURCES, ASKING QUESTIONS, AND SH	HARING
	STORIES; SHARING OUR MATERIAL FOR FREE VIA WEBSITES AND SOCI	IAL MEDIA;
	MAINTAINING A COMMUNITY WEBSITE FOR SEEKERS TO CONNECT, SHAP	RE, AND
	DISCUSS IN FORUMS, CHAT ROOMS, BLOGS, AND MAPS; PRODUCING AN	ND HOSTING
	WORKSHOPS AND GATHERINGS FOR SEEKERS FROM AROUND THE WORLD	O MEET
	CONNECT AND LEARN; PRODUCING A REGULAR AND FREE PODCAST TO I	
	MATERIAL; RUNNING A PRISON MINISTRY TO SERVE INCARCERATED SE	
	MAINTAIN AN ONLINE COURSE; AND OFFERING REGULAR REPORTS OF C	OUR WORK ON
	OUR WEBSITES.	
4b	(Code:) (Expenses \$10 , 179including grants of \$) (Revenue \$))
	WE BUILT AND LAUNCHED A BRAND NEW LIBRARY SITE IN 2021 THAT	
	AND MAKES FREELY AVAILABLE 43 BOOKS, OVER 1,700 CHANNELING	
	MATERIAL IN 22 DIFFERENT LANGUAGES, NEWSLETTERS, INTERVIEWS,	
	AND OTHER RESOURCES DESIGNED TO SUPPORT READERS. THIS INCLUI	
	WITH TRANSLATORS FROM AROUND THE WORLD TO ANSWER THEIR QUEST	
	ENSURE STANDARDS, ALONG WITH COORDINATING A WORLDWIDE NETWOR	RK OF
	VOLUNTEERS IN SERVICE TO THE MISSION.	
	-	
4c	(Code:) (Expenses \$ 36 , 811 . including grants of \$) (Revenue \$	167,752.)
70	WE PUBLISH OUR BOOKS WHICH INCLUDES CREATING, EDITING, DESIGN	
	FORMATTING, AND SELF-PUBLISHING PRINTED BOOK, EBOOKS, AND AU	
	MANAGING AN ONLINE STORE TRANSACTIONS, INVENTORY, BOOK SHIPE	
	CUSTOMER SERVICE; WORKING WITH DOMESTIC PUBLISHERS FOR SOME	
	TITLES; WORKING WITH SATELLITE STATIONS TO LICENSE THE MATER	
	TRANSLATION, PUBLICATION, AND SALE IN OTHER COUNTRIES; WORK	
	FOREIGN PUBLISHERS FOR THE FOREIGN-LANGUAGE RIGHTS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 344,101.	
		Form 990 (2022)

Page 3

LABS, INC.

Par	Checklist of Required Schedules		1	
			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		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	·		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in ed	fect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	I .		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, P	art I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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
	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.	7		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule L	,		
	Part VI	·	Х	
	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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated infancial 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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	<u>12a</u>		1
	, ,	12b		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	´		
				x
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		125
		45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
	1c and 8a? If "Yes," complete Schedule G, Part II	<u>18</u>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			177
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (LABS,		
Part IV	Checklist	of Required S	chedules	(continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		Х
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		Х
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		Х
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		Х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(2022)

Form 990 (2022) LABS, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	4	<u>.</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За				За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Financial Advanced Financial Financ	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	i		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			-		
а	Did the grant print a grant in the grant problem of the black in the grant problem of the gra			9a		
b	Did the control in a control in the control of the			9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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	ı	ı			
	organization is licensed to issue qualified health plans	13b		4		
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Inco	me?	16		X
4-	If "Yes," complete Form 4720, Schedule O.		_			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		_X_
14	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	X	
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.			
16a	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION			

LABS, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per	(do box	not c	Pos heck	itior more	than o	one n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	er lustitutional trustee	Officer Officer		Highest compensated employee	Former (ea)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GARY BEAN EXECUTIVE DIRECTOR	50.00	х		х				62,163.	0.	13,537.
(2) JAMES MCCARTY	40.00	Λ		Δ				02,103.	0.	13,337.
PRESIDENT	40.00	х		х				9,144.	0.	0.
(3) F. MORRIS HOAGLAND	5.00							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
VICE PRESIDENT/BOARD CHAIR		Х		Х				0.	0.	0.
(4) STEVE ENGRATT	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) BEATRIZ GONZALES	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SUZANNA MILLER	5.00							_	_	_
DIRECTOR		Х						0.	0.	0.
_										

Page 8

Section A. Officers, Directors, Tr		DIOY	ees,			gnes	t C		, ,	T
(A)	(B)			(((D)	(E)	(F)
Name and title	Average		not ch		more	than o		Reportable	Reportable 	Estimated
	hours per week					s both		compensation	compensation	amount of
	(list any	\vdash				T	,	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		99/	m per		1099-NEC)	10001420)	and related
	below	Individual trustee or director	Institutional trustee	<u>_</u>	key employee	st co	ы			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
		\forall								
		\bigsqcup								
		П								
		\vdash								
		-								
		\square								
		\forall								
		-								
b Subtotal								71,307.	0 .	
c Total from continuation sheets to Part								0.	0 .	
d Total (add lines 1b and 1c)								71,307.	0 .	13,537
Total number of individuals (including bu compensation from the organization	t not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	(
compensation from the organization										Yes No
Did the organization list any former offic			•	•	•		•		•	3 X
line 1a? If "Yes," complete Schedule J fo										3 X
For any individual listed on line 1a, is the	•		•					•	•	4 X
and related organizations greater than \$7										4 1
Did any person listed on line 1a receive or rendered to the organization? If "Yes." Co	·				•			•		5 X
ection B. Independent Contractors	ompiete Scrieduie	<u> </u>	or su	icn <u>r</u>	oers	on .				
Complete this table for your five highest the organization. Report compensation for										ation from
(A)	or the calcridar ye	Jai C	, i i dili i	ig w	1011)		(B)	car.	(C)
Name and busine	ss address	NC	ONE	3				Description of s	services	Compensation
Total number of independent contractors	s (including but p	 ot lin	nited	l to t	thos	se lie	ted	above) who received me	ore than	
\$100,000 of compensation from the orga		2. 1111			(0.0, 1000W00 III		
										Form 990 (2022

Par	t V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	2.112			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b M c F d F e () f A	Noncash contributions included in lines 1a-1f	109,083.	109,083.			
0 10		I II E	lotal. Add lines 1a-1f	Business Code	103,0031			
ervice Je	2	a <u>(</u> b _	GATHERING & WORKSHOPS	513190	44,888.	44,888.		
Program Service Revenue		c - d ₋ e						
P.	1	f /	All other program service revenue					
			Total. Add lines 2a-2f		44,888.			
	3	I	Investment income (including dividends, intere other similar amounts)	est, and	14,925.			14,925.
	5				159,429.	159,429.		
			Royalties (i) Real Gross rents 6a	(ii) Personal	133,423	133,423.		
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loca)					
			Gross amount from sales of (i) Securities	(ii) Other				
		a	assets other than inventory 7a 769,575.					
ane Tige		a	Less: cost or other basis and sales expenses					
Revenue								
55.0	•	d l	Net gain or (loss)		-68,344.			-68,344.
Other	8	a (Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	ı		Less: direct expenses 8b					
		c l	Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
		b l	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
		8	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	12,203.				
			Net income or (loss) from sales of inventory		8,323.	8,323.		
		<u>. 1</u>		Business Code	-, 3231	5,3231		
sno	11 :	а						
ane	ı	b _						
eve eve		c _						
Miscellaneous Revenue	,	d /	All other revenue					
크			Total. Add lines 11a-11d		260 204	212 642	0	F2 410
	12		Total revenue. See instructions		268,304.	212,640.	U •	-53,419.

Note that the totals on Lines 10, 12, and 22, along with net asset totals given elsewhere, include funds from an endowment gifted to L/L Research in 2018 by an incredibly generous, anonymous donor, along with the investment income accrued from that endowment. In both cases, these funds are restricted and are not available for spending, but rather remain in long-term investments to ensure the security of L/L Research's longevity.

For more information on this endowment, see the Yellow-Ray Information

Form 990 (2022) LABS, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				1
	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	2,805.	2,805.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,844.	84,844.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	124,648.	124,648.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,460.	4,460.		
10	Payroll taxes	15,028.	15,028.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	17,500.		17,500.	
С	Accounting	2,600.		2,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,904.		5,904.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	15,395.	15,395.		
12	Advertising and promotion	1,103.	=		1,103.
13	Office expenses	1,663.	1,663.		
14	Information technology	22,140.	22,140.		
15	Royalties	2,350.	2,350.		
16	Occupancy				
17	Travel	5,950.	5,950.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	362.	362.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200.	200.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) WORKSHOP EXPENSES	37,935.	37,935.		
a b	PRINTING AND PUBLICATIO	21,518.	21,518.		
C	POSTAGE AND FREIGHT ON	3,792.	3,792.		
d	MISCELLANOUS	1,011.	1,011.		
u e		-,	<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	371,208.	344,101.	26,004.	1,103.
<u>23 </u>	Joint costs. Complete this line only if the organization	5.2,200	011,101.	20,001	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			l		000

Form 990 (2022)
Part X Balance Sheet

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			99,264.	1	93,052
2		Savings and temporary cash investments			17,732.	2	20,236
3		Pledges and grants receivable, net		3			
4		Accounts receivable, net		4			
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
6	3	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			13,798.	8	13,489
ĕ 9		5				9	
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,000.			
	b	Less: accumulated depreciation	10b	800.	400.	10c	200
11	1	Investments - publicly traded securities			1,686,816.	11	1,500,742
12	2	Investments - other securities. See Part IV, line	11			12	
13	3	Investments - program-related. See Part IV, line			13		
14	1	Intangible assets			14		
15	5	Other assets. See Part IV, line 11		15			
16	3	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	1,818,010.	16	1,627,719
17		Accounts payable and accrued expenses		2,440.	17	1,800	
18	3	Grants payable		18			
19		Deferred revenue				19	
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖ္မ 22		Loans and other payables to any current or for					
Liabilities N		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
	_	of Schedule D		·····	2 440	25	1 000
26		9	<u></u>		2,440.	26	1,800
σ l		Organizations that follow FASB ASC 958, ch	eck her	e X			
စ္ ့_		and complete lines 27, 28, 32, and 33.			1 015 570		1 625 010
<u>m</u> 27		Net assets without donor restrictions	1,815,570.	27	1,625,919		
<u>1</u> 28		Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, cne	eck nere			
<u></u> ~		and complete lines 29 through 33.			00		
<u>ရှိ 29</u>		Capital stock or trust principal, or current fund			29		
98 30		Paid-in or capital surplus, or land, building, or e			30		
Net Assets or Fund Balances 25 8 26 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated i			1,815,570.	31	1 625 010
_		Total net assets or fund balances			1,818,010.	32	1,625,919 1,627,719
33	5	Total liabilities and net assets/fund balances			1,010,010.	33	Eorm 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				04.
2	Total expenses (must equal Part IX, column (A), line 25)	2				08.
3	Revenue less expenses. Subtract line 2 from line 1	3				04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				70.
5	Net unrealized gains (losses) on investments	5		<u>-86</u>	,74	47.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	<u> 625</u>	, 9:	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				1
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				1
	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	audit,				l
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 🤄	990 ((2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

CREEK RESEARCH & DEVELOPMENT **Employer identification number** Name of the organization ROCK INC 31-0904716 LABS Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	157,729.	49,277.	123,069.	92,093.	109,083.	531,251.
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	157,729.	49,277.	123,069.	92,093.	109,083.	531,251.
	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)						
6	Public support. Subtract line 5 from line 4.						531,251.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	157,729.	49,277.	123,069.	92,093.	109,083.	531,251.
	Gross income from interest,	,	•	•	,	•	<u>, </u>
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		122,703.	12,585.	151,353.	14,926.	301,567.
9	Net income from unrelated business		,	,	,	, -	,
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						832,818.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	729,940.
	First 5 years. If the Form 990 is for the					01(c)(3)	•
	organization, check this box and stop	· ·				. , . ,	
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	column (f))		14	63.79 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	66.81 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
							(Farm 000) 2022

Schedule A (Form 990) 2022

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
6	Total. Add lines 1 through 5						
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	Зс		
	40		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2022

232024 12-09-22

Par	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	ction 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			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	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			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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-function	ally integrated	d Type III supporting orga	inization (see

instructions).

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

ROCK CREEK RESEARCH & DEVELOPMENT

31-0904<u>716 Page 8</u> LABS, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2022

Schedule B

Schedule of Contributors

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** ROCK CREEK RESEARCH & DEVELOPMENT LABS INC. 31-0904716

Organization type (check one):								
Filers of	:	Section:						
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	D-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, durin year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this both is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

ROCK CREEK RESEARCH & DEVELOPMENT

LABS, INC.

Employer identification number

31-0904716

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$5,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and Zir + 4	\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ROCK CREEK RESEARCH & DEVELOPMENT

LABS, INC.

Employer identification number

31-0904716

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				

Employer identification number

Name of organization

ROCK CREEK RESEARCH & DEVELOPMENT 31-0904716 LABS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

ROCK CREEK RESEARCH & DEVELOPMENT Name of the organization LABS,

Employer identification number 31-0904716

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	conferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
	Number of states where property subject to conservation eas		
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b	n)(4)(B)(i)
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
	service, provide in Part XIII the text of the footnote to its finan		
	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB A	_	•
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(contir	nued)	uge –
3	Using the organization's acquisition, accession,						,		
	collection items (check all that apply):		•	-	-				
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	•	•	•					
	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrange				n Form 990). Part IV.			
	reported an amount on Form 990, Part X		3			, , ,	,		
	Is the organization an agent, trustee, custodian	or other intermedia	ary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII and								
-	Too, oxplain the arrangement in rate xiii are	a complete the lone	swing table.				Amoun		
С	Beginning balance				1c				
	Additions during the year								
e	Distributions during the year								
f									
	Ending balance						Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII. Ch				•		_ 163]
Par									
		(a) Current year	(b) Prior year		(d) Three	ears back	(e) Four	vears	hack
10	Beginning of year balance	1,307,670.	1,184,377.	1,167,828.	+ · · · · ·	00,000.	(5) : 54:		
1a h	Contributions	2,007,070.	2,202,077.	1,107,020.	-,-	,	1	,000,	000
b	Net investment earnings, gains, and losses	-85,758.	127,028.	19,968.	1	71,066.			043.
C		03,730.	127,020.	13,300.		71,000.			010.
d	Grants or scholarships								
е	Other expenditures for facilities							7	043.
	and programs	1,915.	3,735.	3,419.		3,238.			045.
	Administrative expenses	1,219,997.	1,307,670.	1,184,377.	1 1	67,828.			000
g	End of year balance					07,020.		, 000,	000.
2	Provide the estimated percentage of the curren	100) neid as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	1.4000/							
_	The percentages on lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the possessi	on of the organizat	ion that are held an	d administered for t	he		ſ	Vaa	Na
	organization by:						- m	Yes	No
	(i) Unrelated organizations						3a(i)		X
_	(ii) Related organizations						3a(ii)		X
	If "Yes" on line 3a(ii), are the related organization						3b		
4 Dor	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipmer		ment funds.						
Pai			Deat IV Base 44 a O	F 000 B+ V	11 40				
	Complete if the organization answered "			i					
	Description of property	(a) Cost or ot		' '	Accumulate		(d) Boo	k valu	е
		basis (investm	ent) basis	otner) de	epreciation	-			
1a	Land								
b	Buildings								
С	Leasehold improvements			1 000					
d	Equipment			1,000.	8	00.		2	00.
	Other					\longrightarrow			
Total	Add lines 1a through 1e (Column (d) must occur	al Form 000 Port V	column (P) line 1/	7c)				2.1	00.

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of-year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related. Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Pook value
	Description		(b) Book value
(1)			
(*)			
(2)			
(3)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	15.)		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ue 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		1		
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				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
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	.)	5		
Pai	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ises per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5		
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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.					
D. 7. F	OM 11 T TOTA				
PART V, LINE 4:					
MO GUDDODE MUE NIGGION OF MUE ODGINIERATION DO DISCOURD IND CUIDE					
TO SUPPORT THE MISSION OF THE ORGANIZATION TO DISCOVER AND SHARE					
THEORY MICH TO A TO THE MULE CONTROLL STREET STREET					
INFORMATION TO AID IN THE SPIRITUAL EVOLUTION OF HUMANKIND.					

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.

Inspection

OMB No. 1545-0047

Name of the organization

ROCK CREEK RESEARCH & DEVELOPMENT

Employer identification number

LABS, INC.	31-0904716
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW A	ND APPROVAL PRIOR
TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS CONSULTED WITH THE CENTER FOR NON-P	ROFIT EXCELLENCE
ON RECOMMENDED COMPENSATION FOR THE ROCK CREEK R&D CO-DIRE	CTORS. WE WERE
PROVIDED A COMPENSATION REPORT FROM GUIDESTAR, A NATIONAL	ORGANIZATION THAT
DOES A COMPREHENSIVE COMPENSATION REPORT FOR DIFFERENT REG	IONS AND CITIES
ACROSS THE COUNTRY. THE BOARD THEN USED DATA FROM THAT RE	PORT TO DETERMINE
APPROPRIATE COMPENSATION FOR OUR STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	T OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST RECEIV	ED FROM THE
PUBLIC, AND PUBLISHES ITS FORM 990 TO ITS WEBSITE.	