

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, and ending _____			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITYWORX		D Employer identification number 82-4746360
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1025 MONTVALE RD		E Telephone number 865-804-1736
	City or town, state or province, country, and ZIP or foreign postal code MARYVILLE TN 37803		F Group Exemption Number _____
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
I Website: MYCOMMUNITYWORX.COM			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 57,172			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	55,897
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 34,443 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,275
c Less: direct expenses from gaming and fundraising events	6c	19,172	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-17,897	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,000	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,343
	13 Professional fees and other payments to independent contractors	13	855
	14 Occupancy, rent, utilities, and maintenance	14	1,100
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	22,476
	17 Total expenses. Add lines 10 through 16	17	36,774
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,226
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,738
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	976
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	38,940

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	37,634	22	41,000
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	37,634	25	41,000
26 Total liabilities (describe in Schedule O)	896	26	2,060
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,738	27	38,940

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 TO CONNECT AND COORDINATE VOLUNTEERS IN LOCAL MISSION WORK IN BLOUNT COUNTY, TN TO MEET LOCAL NEEDS.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		25,670
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		25,670

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CAROL LUCAS EXECUTIVE DIRECTOR	0.00	6,350	0	0
KIM ANTONIO PRESIDENT	0.00	0	0	0
TERRI BRADSHAW VICE PRESIDENT	0.00	0	0	0
SUSAN MORTON SECRETARY	0.00	0	0	0
SHERI DUNN TREASURER	0.00	0	0	0
DEBBIE BYRD BOARD MEMBER	0.00	0	0	0
TIM MASSIE BOARD MEMBER	0.00	0	0	0
SILVIA ROCA BOARD MEMBER	0.00	0	0	0
RUSSELL SHARPE BOARD MEMBER	0.00	0	0	0