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ARMANINO LLP

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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

Department of the Treasury Internal Revenue Service

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

2022	
Open to Public Inspection	

<u>A F</u>	or the	2022 calendar year, or tax year beginning J	JL 1, 2022 and	ending J	UN 30, 2023		
B (Check if applicable	C Name of organization			D Employer ider	ntificat	tion number
	Addres	THE BEAN FACTORY					
	Name change	Doing business as			87-15530	55	
	Initial return	Number and street (or P.O. box if mail is not de 1300 W ALAMEDA AVE	livered to street address)	Room/suite	E Telephone nun 303-292-19		
	⊥return/ termin- ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$		70,121.
	Amend		Zii oi loreigii postai code		H(a) Is this a grou	n rotuu	
F	return Applica tion		A M RYAN		for subordina	•	
	tion pendin	SAME AS C ABOVE	•				
	F		(inport no.) 4047(a)(1)	or	H(b) Are all subordina		
			(insert no.) 4947(a)(1)	or 527	1		t. See instructions
	Nebsit	<u> </u>	sociation Other	I Voor	H(c) Group exem		
	art I	Summary	SSOCIATION UNITED	L Year	of formation: 2021	I IVI S	State of legal domicile; CO
	_	Briefly describe the organization's mission or most	cignificant activities: THE BE	AN FACTOR	RY TS A SUPPORT	TNG	
Governance	'	ORGANIZATION OF WOMEN'S BEAN PROJECT					
rne	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net	assets	S.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	3
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	2
Se Se	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	0
Viţi.	6	Total number of volunteers (estimate if necessary)				6	2
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		7b	0.
					Prior Year		Current Year
ō	8	Contributions and grants (Part VIII, line 1h)			130,11		0.
eun	9					0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4				′5.	152.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		11,64	_	69,969.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		142,42	27.	70,121.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A				0.	0.
S	15	Salaries, other compensation, employee benefits (0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ne 11e)			0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), lin	•	0.			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d			97,44		235,512.
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		97,44	_	235,512.
		Revenue less expenses. Subtract line 18 from line	12		44,97	-	-165,391.
t Assets or				Ве	ginning of Current Ye		End of Year
sets	20	Total assets (Part X, line 16)			7,321,74	_	6,333,528.
TAS	21	Total liabilities (Part X, line 26)			7,276,76	_	6,453,940.
Net		Net assets or fund balances. Subtract line 21 from	line 20		44,97	9.	-120,412.
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return,				t my kn	lowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wr	iich preparer	nas any knowledge.		
۵.		Signature of officer			I Date		
Sig					Date		
Her	e	TAMRA M. RYAN, CEO Type or print name and title					
		** .	Duanamania al mantana	Ti	Date Check] PTIN
D-!-	,	Print/Type preparer's name	Preparer's signature		if if		·
Paid	·	KATY BROWN	KATY BROWN	μ	1	mployed	P00650274
	oarer	Firm's name ARMANINO LLP	50		Firm's EIN	94	-6214841
use	Only	Firm's address 2700 CAMINO RAMON, STE. 3	JU		Diam.	225 7	90-2600
		SAN RAMON, CA 94583-5004			Phone no.	723-1	
May	/ tne IF	S discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Form 990 (2022) THE BEAN FACTORY 87-1553055 Page **2**

Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE BEAN FACTORY IS A SUPPORTING ORGANIZATION OF WOMEN'S BEAN PROJECT		
	AND STRIVES TO ASSIST WOMEN'S BEAN PROJECT IN CARRYING OUT ITS MISSION		
	TO BREAK THE CYCLE OF CHRONIC UNEMPLOYMENT AND POVERTY BY HELPING		
	WOMEN DISCOVER THEIR TALENTS AND DEVELOPING SKILLS BY OFFERING JOB		
2	Did the organization undertake any significant program services during the year which were not liste	ed 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	n 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 s	services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 235 , 512 including grants of \$) (Revenue \$	69,969.
	ESTABLISHED TO SERVE WOMEN'S BEAN PROJECT AND THEIR MISSION. NEW MARKET		
	TAX CREDIT HOLDING ENTITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-		\ /	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 235,512.		<u> </u>
			Form 990 (2022)

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Form 990 (2022) THE BEAN FACTORY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		x
b	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,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) THE BEAN FACTORY Part IV Checklist of Required Schedules (continued)

	· (oontinuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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			
	<i>,</i> , ,	23		Х
24 a	Schedule J 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
h	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		
	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? If			
	"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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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			
	(gambling) winnings to prize winners?	1c		

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	5b		Х
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~ 1.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٨		7c		
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans Then the ground of recovery as head.			
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		x
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 3			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the 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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7a		7-		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		٠,,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
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	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
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 filedCO			
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	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			
	TAMRA M. RYAN - 303-292-1919			
	1300 W ALAMEDA AVE, DENVER, CO 80223			

Form 990 (2022) THE BEAN FACTORY 87-1553055 Page **7**

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.
- 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.

Name and title Average hours per week (list any hours for related organizations below line) (1) TAMRA M. RYAN CEO CEO CEO CEO CO SOLUTION Average hours per week (list ARNAUSKAS (2) LESLIE KARNAUSKAS CHAIR Average hours per week (list any hours for related organizations below line) X X X PO CEO CEO CEO CEO CEO CEO CEO C	Check this box if neither the organization r		orga	ıniza			nper	sate			
Comparison Com	(A)	(B)			_ (e	C)			(D)	(E)	(F)
HOUTS per week (list any hours for related organizations) below line) (1) TAMRA M. RYAN (2) LESLIE KARNAUSKAS (3) STEVE DRISCOLL SECRETARY (3) STEVE DRISCOLL (4) SECRETARY (5) SECRETARY (5) SECRETARY (6) SECRETARY (7) SECRETARY (8) SECRETARY (8) SECRETARY (9) SECRETARY (1) SECRETARY (2) SECRETARY (3) SECRETARY (4) SECRETARY (5) SECRETARY (6) SECRETARY (7) SEC	Name and title		(do	not c	heck	more	than	one			
Week (ist any hours for related organizations below line) So. 00 X X X		I	box	, unle	ss pe	rson i	is botl	n an	1		
(1) TAMRA M. RYAN (20) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (33) STEVE DRISCOLL (34) STECKETARY (41) SECRETARY (42) SECRETARY (43) STEVE DRISCOLL (44) SECRETARY (45) SECRETARY (45) SECRETARY (46) SECRETARY (47) SECRETAR			-	T	T	I	1744 43	100)	1		
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(1) TAMRA M. RYAN (20) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (33) STEVE DRISCOLL (34) STECKETARY (41) SECRETARY (42) SECRETARY (43) STEVE DRISCOLL (44) SECRETARY (45) SECRETARY (45) SECRETARY (46) SECRETARY (47) SECRETAR		I	e or c	tee			sated				
(1) TAMRA M. RYAN (20) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (33) STEVE DRISCOLL (34) STECKETARY (41) SECRETARY (42) SECRETARY (43) STEVE DRISCOLL (44) SECRETARY (45) SECRETARY (45) SECRETARY (46) SECRETARY (47) SECRETAR		1	ruste	l trus		ee/	mpen			100011120)	
(1) TAMRA M. RYAN (20) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (21) LESLIE KARNAUSKAS (33) STEVE DRISCOLL (34) STECKETARY (41) SECRETARY (42) SECRETARY (43) STEVE DRISCOLL (44) SECRETARY (45) SECRETARY (45) SECRETARY (46) SECRETARY (47) SECRETAR			dual t	rions	_	oldm	st co	-	.555 ,		
(1) TAWAN M, RYAN (2) LESUIE KARNAUSKAS (1) O (2) LESUIE KARNAUSKAS (1) O (3) STEVE DRISCOLL (3) STEVE DRISCOLL (4) O (5) O (6) O (7) O (8) O (8) O (9) O (9) O (9) O (142,773, 5,809 (9) O (10) O (142,773, 5,809 (10) O (10) O (142,773, 5,809 (14		1	Indivi	Instit	Office	Key e	Highe	Form			· ·
CALTE CALT	(1) TAMRA M. RYAN	5.00									
CHAIR	CEO	50.00	х		х				0.	142,773.	5,809.
(3) STEVE DRISCOLL SECRETARY X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) LESLIE KARNAUSKAS	1.00									
SECRETARY	CHAIR		Х		Х				0.	0.	0.
	(3) STEVE DRISCOLL	1.00									
	SECRETARY		Х		Х				0.	0.	0.
			1								
				_			_				
			1								
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			1								
		+		\vdash			\vdash				

Form 990 (2022) Page 8 THE BEAN FACTORY 87-1553055

'art VII Section A. Officers, Directors, To	(B)	l	 5,	and (C		gries		(D)	(E)	\neg	(F)	
Name and title	Average hours per	box	not c	Posi neck r ss per	ition more son i	than o	an	Reportable compensation	Reportable compensation		Estimat amount	
	week (list any hours for related	Individual trustee or director		d a di		or/trus		from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/ 1099-NEC)		other compens from th organiza	ation ne tion
	organizations below line)	Individual tru:	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		-	and rela organizat	
										+		
b Subtotal c Total from continuation sheets to Part								0.		٠.		,809
d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization								occived more than \$100,	142,773 000 of reportable	3.	5	,809
Did the organization list any former office	cer, director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	oyee on		Yes	No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the										;	3	Х
and related organizations greater than \$Did any person listed on line 1a receive										. 📙	4	Х
rendered to the organization? If "Yes." cection B. Independent Contractors	complete Schedule	e J fo	or su	ıch r	oers	on .				. :	5	Х
Complete this table for your five highest the organization. Report compensation										satior		
(A) Name and busine	ess address	NO	NE					(B) Description of s	ervices	Con	(C) npensatio	on
Total number of independent contractor	s (including but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the org	anization				(0					rm 990	(0.0.0.

232008 12-13-22

Page 9

87-1553055

Form 990 (2022) THE BEAN FA THE BEAN FACTORY

			Check if Schedule O contain	s a resnon	se or note to any lin	e in this Part VIII			
			Cricer ii Correduie o correair	3 a respon	SC OF FIOLE TO ALTY III	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				T. T					Sections 512 - 514
nts nts	1		Federated campaigns						
iz on			Membership dues						
δ, m		С	Fundraising events	1c					
ii ii		d	Related organizations	1d					
ni,			Government grants (contribution						
Sig			All other contributions, gifts, grants,						
er Er		-	similar amounts not included above						
들		~	Noncash contributions included in lines 1a-1						
Contributions, Gifts, Grants and Other Similar Amounts		-		<u> </u>					
OB		n	Total. Add lines 1a-1f		Business Code				
					Business Code				
<u>ce</u>	2	а			_				
Program Service Revenue		b			_				
S		С			_				
am		d							
P. B. B.		е							
P		f	All other program service revenue	e					
			Total. Add lines 2a-2f						
	3		Investment income (including div						
	Ū		· · · · ·			152.			152.
	4		Income from investment of tax-ex						
				· ·	='				
	5		Royalties						
				(i) Real	(ii) Personal	-			
	6		Gross rents 6a	69,96					
		b	Less: rental expenses 6b		0.				
		С	Rental income or (loss) 6c	69,96	9.				
		d	Net rental income or (loss)			69,969.	69,969.		
	7	а	Gross amount from sales of	(i) Securitie					
			assets other than inventory 7a						
		h	Less: cost or other basis						
Φ		~	and sales expenses						
Revenue		_				-			
eke			· /						
Ř			Net gain or (loss)						
her	8	а	Gross income from fundraising event	is (not					
ŏ			including \$	of					
			contributions reported on line 1c). See					
			Part IV, line 18		8a				
		b	Less: direct expenses		8b				
			Net income or (loss) from fundrai		s				
	9		Gross income from gaming activity	- г					
	·	_	Part IV, line 19		9a				
		h			9b	-			
			Less: direct expenses		อม				
			Net income or (loss) from gaming						
	10	а	Gross sales of inventory, less ret						
			and allowances		10a				
		b	Less: cost of goods sold	<u>[</u>	10b				
		С	Net income or (loss) from sales o	f inventory					
					Business Code				
Snc	11	а							
e e		b							
Miscellaneous Revenue							1	1	
Sce		C	All other revenue						
Ξ			All other revenue						
			Total. Add lines 11a 11d			70 101	60.060	_	450
	12		Total revenue. See instructions			70,121.	69,969.	0.	152.
23200	9 12	-13-	22						Form 990 (2022)

Form 990	(2022)	THE BEAN	FACTORY	87-1553055	F
Part IX	Statement of F	unctional	Expenses		
Section 50	01(c)(3) and 501(c)(4) o	rganizations	must complete all columns. All other organizations must complete column (A).		

	Check if Schedule O contains a respons ot 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
	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management				
	Legal	50,300.	50,300.		
	Accounting	7 7 7 7 7	, , , , , , , ,		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)				
	Advertising and promotion				
	Office expenses	15.	15.		
	Information technology				
	Royalties				
	Occupancy				
7	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	46,559.	46,559.		
	Payments to affiliates	,	,		
	Depreciation, depletion, and amortization	138,638.	138,638.		
	Insurance	·			
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
a				-	
b					
q					
d	All other expenses				
		235,512.	235,512.	0.	(
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	233,312.	233,312.	••	<u> </u>
	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

orm 990 (2022) THE BEAN FACTORY 87-1553055 Page **11**

Form 990 (2022)
Part X Balance Sheet

		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
T	1	Cash - non-interest-bearing			328,903.	1	278,888.
	2	Savings and temporary cash investments			1,082,686.	2	26,715.
	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	stantial c	contributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,184,352.			
	b	Less: accumulated depreciation		156,427.	5,910,157.	10c	6,027,925.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		1		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			7,321,746.	16	6,333,528.
	17	Accounts payable and accrued expenses	834,371.	17	450.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ر _د	22	Loans and other payables to any current or for					
Ë		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
≝	23	Secured mortgages and notes payable to unre	-		6,442,396.	23	6,453,490.
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,276,767.	26	6,453,940.
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
au	27				44,979.	27	-120,412.
gal!	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC					
┇│		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
ß l	31	Retained earnings, endowment, accumulated				31	
et'	32	Total net assets or fund balances			44,979.	32	-120,412.
	33	Total liabilities and net assets/fund balances			7,321,746.	33	6,333,528.

Form 990 (2022) THE BEAN FACTORY 87-1553055 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			121.
2	Total expenses (must equal Part IX, column (A), line 25)	2			512.
3	Revenue less expenses. Subtract line 2 from line 1	3	-		391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		44,	979.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	-	120,	412.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZ
Open to Public

Inspection

Employer identification number

THE BEAN FACTORY 87-1553055 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). 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) WOMEN'S BEAN PROJECT 84-1144973 7 Х 235,512

0.

235,512

Schedule A (Form 990) 2022 THE BEAN FACTORY 87-1553055 Page 2

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

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

Se	ction 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	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	(4) = 3 · 3	(2) 20 10	(0) = 0 = 0	(4,7 = 3 = 1	(0) = 0 = 0	(.,
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. /5 1 :						
44							
11	Gross receipts from related activities,	oto (soo instructi	ione)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax			
10	organization, check this box and stop	•			•	. , . ,	
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	-					
ŀ	33 1/3% support test - 2021. If the o		~				
	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			=		willow the organiz	
r	10% -facts-and-circumstances test	-	· ·	*	-		
	more, and if the organization meets the		-				10,001
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
<u> </u>	The state of the s	3.4 0.10010 0			_,		(Form 990) 2022

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

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

Section A. Public Support						
Calendar 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.")						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2013	(0) 2020	(4) 2021	(6) 2022	(i) Total
10a 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						
onguired ofter June 20 1075						

c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on		+				
or loss from the sale of capital						
assets (Explain in Part VI.)		+		+	+	+
13 Total support. (Add lines 9, 10c, 11, and 12.)					.04(-)(2)	
14 First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
check this box and stop here Section C. Computation of Public	Support Per	rcentage				
•			actume (f))		15	
Public support percentage for 2022 (lingPublic support percentage from 2021)	, ,,,		.,,			9
Section D. Computation of Invest					16	9
·			no 10 ook man (f)\		47	
17 Investment income percentage for 20		B			17	9
18 Investment income percentage from 2					18	. 47 :
19a 33 1/3% support tests - 2022. If the						e i / is not
more than 33 1/3%, check this box and	-	-		• •		L
b 33 1/3% support tests - 2021. If the	-					
line 18 is not more than 33 1/3%, chec		-	•		-	on
20 Private foundation. If the organization	and not check a	box on line 14, 19;	a or 19b. check tl	his box and see ins	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 THE BEAN FACTORY 87-1553055 Page **4**

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
_		
За		Х
3b		
3c		
- 50		
4a		х
4b		
4c		
Fo		Х
5a		
5b		
5с		
6		Х
7		Х
		Х
8		X
9a		х
9b		Х
		v
9c		Х
10a		Х
10b		

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and Х 11c below, the governing body of a supported organization? 11a х **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI Х 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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) Section D. All Type III Supporting Organizations No Yes 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 Х organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how X 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 Х 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined Х that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in Х 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022 THE BEAN FACTORY 87-1553055 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-functiona	lly integrate	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
<u>Secti</u>	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	es of supported organizations	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 the	ne 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	T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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			
<u>a</u>	From 2017			
<u>b</u>	From 2018			
<u> </u>	From 2019			
<u>d</u>	From 2020			
<u>e</u>	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: \$			
	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:			
	Excess from 2018			
	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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.

Nam	e of the organization THE BEAN FACTORY		Emplo	oyer identification number 87-1553055
Par		Funds or Other Similar Fund	s or Account	
Гаі	organizations waintaining bonor Advised		5 Of ACCOUNT	S. Complete if the
	organization answered Tes On Form 990, Fait IV, line	(a) Donor advised funds	(h) Fundi	s and other accounts
		(a) Donor advised furids	(b) Funds	s and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreati	on or education) Preservation	of a historically in	nportant land area
	Protection of natural habitat	Preservation	of a certified histo	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conservation	on easement on the last
	day of the tax year.		H	leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			uring the tax
	year	, ,	· ·	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		- F	
	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			ents during the year
	5 / 1 5 /	, ,		o ,
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easements	during the year
	3, 1	3		3 7 7
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		. , . , . , . ,	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and	
	balance sheet, and include, if applicable, the text of the footnot			oes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar	Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		and balance she	et works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance		=	DIIO
b	If the organization elected, as permitted under FASB ASC 958			rorks of
J	art, historical treasures, or other similar assets held for public e	•		
	•	on indication, or research in ful	andranide of publi	o ooi vioo,
	provide the following amounts relating to these items:		Φ.	
	(i) Revenue included on Form 990, Part VIII, line 1			
^		ourse or other similar secret for financia		
2	If the organization received or held works of art, historical treas		iai gain, provide	
	the following amounts required to be reported under FASB AS	•		
а			\$	
h	Assets included in Form 990 Part V		Φ.	

232051 09-01-22

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

Schedule D (Form 990) 2022

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		1,850,000.		1,850,000.	
b Buildings		4,334,352.	156,427.	4,177,925.	
c Leasehold improvements					
d Equipment					
e Other					
	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Schedule D (Form 990) 2022

hedule D (Form 990) 2022 THE BEAN FACTORY 87-1553055 Page

Schedule D (Form 990) 2022 THE BEAN FACTORY		0	7-1553055 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		T	d - 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(C) Method of Valdation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	n Form 000 Port IV line	11d Soc Form 000 Port V line 15	
Complete if the organization answered "Yes" o	Description	TIG. See Form 990, Fait A, line 13.	(b) Book value
··	резсприон		(b) Dook value
<u>(1)</u>			
(2)			
(3)			
(5)			
<u>(6)</u>			
	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
4 (a) Description of liability		710 01 111. 000 1 0111 000; 1 at 7, iiio 20	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(8)			
(9)	25.)		+
Total. (Column (b) must equal Form 990, Part X, col. (B) line			Latina and the
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under f	-ASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2022

87-1553055

Part	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir		de per Return.	
1 T			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
	Ponated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1 T	otal expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
e A	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b (Other (Describe in Part XIII.)	4b		
c A	Add lines 4a and 4b		4c	
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5	
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and d d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Part X	XI,
PART :	X, LINE 2:			
THE I	NTERNAL REVENUE SERVICE HAS DETERMINED THAT THE BEAN FAC	CTORY IS		
EXEMP'	T FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C)(3)	•		
ADDIT	IONALLY, THE FACTORY IS CLASSIFIED AS A TYPE III FUNCTION	DNALLY		
INTEG	RATED SUPPORTING ORGANIZATION UNDER IRC SECTION 509(A)(3).		
THE O	RGANIZATION HAS EVALUATED ITS CURRENT TAX POSITION AND R	HAS CONCLUDED		
THAT	AS OF JUNE 30, 2023, THE ORGANIZATION DOES NOT HAVE ANY	Y SIGNIFICANT		
TAX P	OSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.			
	•			

Schedule D (Form 990) 2022	THE BEAN FACTORY	87-1553055	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation _(continued)		

SCHEDULE O (Form 990)

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.

2022 Open to Public

87-1553055

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE BEAN FACTORY

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

Inspection

Employer identification number

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND STRIVES TO ASSIST WOMEN'S BEAN PROJECT IN CARRYING OUT ITS MISSION TO BREAK THE CYCLE OF CHRONIC UNEMPLOYMENT AND POVERTY BY HELPING WOMEN DISCOVER THEIR TALENTS AND DEVELOPING SKILLS BY OFFERING JOB READINESS AND TRAINING OPPORTUNITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: READINESS AND TRAINING OPPORTUNITIES FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990: EACH BOARD MEMBER IS PROVIDED A DRAFT OF THE 990 PRIOR TO FILING THE RETURN. THE BOARD MUST VOTE FOR APPROVAL PRIOR TO FILING, FORM 990, PART VI, SECTION B, LINE 12C: ANY DIRECTOR HAVING A POTENTIAL CONFLICT OF INTEREST IN MATTERS BEING CONSIDERED BY THE BOARD SHALL DISCLOSE SUCH POTENTIAL CONFLICT OF INTEREST WHENEVER THE SUBJECT IS DELIBERATED BY THE BOARD OR EXECUTIVE COMMITTEE. THE CHAIRPERSON SHALL MAKE A DECISION ON WHETHER SUCH POTENTIAL CONFLICT OF INTEREST REQUIRES THE DIRECTOR TO EXCUSE HER\HIMSELF FROM SUCH DELIBERATION AND/OR TO ABSTAIN FROM VOTING ON A MATTER BEING CONSIDERED BY THE BOARD FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST,

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE BEAN FACTORY						87-1553055		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-year		(f) assets Direct corenti		g
	_							
	_							
	-							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
WOMEN'S BEAN PROJECT - 84-1144973 1300 W ALAMEDA AVE								
DENVER, CO 80223	SOCIAL SERVICES	COLORADO	501(C)(3)	LINE 7				X

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

Schedule R (Form 990) 2022

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

organization action to the artist and the artist an											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes I	lo
]										
	1										
	1										
	1										
			1			l .			1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?			
		country)		or trusty		233013		Yes	No		
	-										
						1					

Page 2

THE BEAN FACTORY 87-1553055 Schedule R (Form 990) 2022

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Giff, grant, or capital contribution to related organization(s)				מו						
c Gift, grant, or capital contribution from related organization(s)				1c		Х				
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)				1e	Х					
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)				1g		Х				
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Х					
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related of	organization(s)			1n	Х					
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)				1s		Х				
2 If the answer to any of the above is "Yes," see the instructions for information	tion on who must complete th	is line, including covered relati	onships and transaction thresholds.							
(a)	(b)	(c)	(d)							
(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	/olved						
	type (a-s)									
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
232163 09-14-22			Schedule	R (Forr	n 990)	2022				

Schedule R (Form 990) 2022 THE BEAN FACTORY 87-1553055 Page **4**

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

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

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