990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Α	For the	2023 calend	dar year, or tax year beg	ginning	, 20	23, and end	ling		_	, 20				
В	Check if a	applicable:	C Name of organization						D Empl	oyer identification numb	oer			
	Address	change	Doing business as						1					
$\overline{\Box}$	Name cha	ange	Number and street (or P.	O. box if mail is not deliv	ered to street addr	ess)	Roon	n/suite	E Telepl	hone number				
	Initial retu	-	,			,								
H		n/terminated	City or town, state or pro	vince, country, and ZIP o	or foreign postal co	de								
\exists	Amended			,,,					G Gross	s receipts \$				
H		on pending	F Name and address of prir	H(a) Is this a n			No							
ш	πρριισατίο	on pending	Traine and dad occ or pin	ioipai omoon				1		tes included? Yes	_			
_	Tax-exem	npt status:	501(c)(3) 501	(c) () (inse	ert no.) 4947(a)(1) or 527	7	1 ' '		ist. See instructions.] 110			
	Website:	ipi otatao.		(0) () (11100	10 17 (a)(1, 01 021		1	exemption number					
		rganization:	Corporation Trust	Association Other		L Year of for	mation		T .	of legal domicile:				
	art I			AssociationOther		L rear or for	mation		W State	or legal dornicle.				
		Summai	•	la mission ar most s	significant activ	ition								
a)	1	briefly desi	cribe the organization'	S mission of most s	signincant activ	illes.								
ü														
Governance		Ol I - 41-1-	L		4 4!			H O	TO/ - 1:4					
Š	1		box if the organiza			-			1 1	is net assets.				
	1		voting members of th	• • •					3					
တ			independent voting m	•	• • •		,		4					
iţie	1		per of individuals empl	-		-			5					
Activities &	1		per of volunteers (estin						6					
ď			ated business revenue						7a					
	b	Net unrelat	ted business taxable in	ncome from Form 9	90-T, Part I, lir	e 11			7b					
								Prior Yea	ar	Current Year				
<u>e</u>	1		ons and grants (Part VI											
Revenue	1	Program service revenue (Part VIII, line 2g)												
	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)											
_	1		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)												
	1		l similar amounts paid											
	1	-	aid to or for members											
8	1		her compensation, emp	-										
Expenses	1		al fundraising fees (Pa		•									
ğ	1		aising expenses (Part											
ш			enses (Part IX, column		•									
	1		nses. Add lines 13–17	·										
		Revenue le	ess expenses. Subtrac	t line 18 from line 1	2									
Net Assets or Fund Balances							Beg	inning of Cur	rent Year	End of Year				
sets	20	Total asset	ts (Part X, line 16) .											
d As	21	Total liabili	ties (Part X, line 26) .											
			or fund balances. Sub	otract line 21 from li	ine 20									
Pa	art II	Signatu	re Block											
			, I declare that I have examin							my knowledge and belief	, it is			
tru	e, correct,	and complete	e. Declaration of preparer (of	ther than officer) is based	on all information	of which prep	arer ha	as any knowle	dge.					
Si	gn	Signature	of officer					Da	ite					
He	ere													
		Type or pr	int name and title											
Pa		Print/Type	preparer's name	Preparer's sign	nature		Date		Check	if PTIN				
		<u>.</u>							self-emp	ployed				
	eparei se Only	L Ciuma'a man	ne					Firm	s EIN					
_		Firm's address Phor							ie no.					
Ма	y the IR	S discuss t	this return with the pre	parer shown above	? See instructi	ons				. Yes I	No			

Form 990 (2023) Page **2**

Part		ent of Program Service A if Schedule O contains a re		s Part III	🗆
1		be the organization's missic			
2			ficant program services during the	e year which were not listed on the	Yes No
3	Did the orga			in how it conducts, any program	☐ Yes ☐ No
	If "Yes," desc	cribe these changes on Sch	edule O.		
4	expenses. Se	ection 501(c)(3) and 501(c)(4		f its three largest program services port the amount of grants and allow.	
4a	(Code:	(Expenses \$) (Revenue \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		m services (Describe on Scl			
A -	(Expenses \$	including g	rants of \$) (Rever	nue \$	
4e	ı otal progran	n service expenses			

Part	V Checklist of Required Schedules			. ago
			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	↓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	ـــــــ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		
	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		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		
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		
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		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		<u> </u>	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 12 if "Yes" complete School up 1. Parts Land II.	20b		

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
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		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		
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		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		
b c	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		
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		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	35b 36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2023)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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		
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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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 . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	·	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 **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* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18

and financial 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.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

☐ Upon request

Other (explain on Schedule O)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website

Own website

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Part VII	Compensation of Office	re Directore	Trustage	Key Employees	Highest Compensated Employees	and

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.

Independent Contractors

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										or trustee.
				(0						
(A)	(B)	(da n	a+ ak	Pos		. 46.00		(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee)						compensation from the	compensation from related	of other
	(list any	or c	lns:	Officer	Se Se	Hig	Former	organization (W-2/	organizations (W-2/	compensation from the
	hours for	direc	ituti	cer	em /	hest oloy	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	tor tall t	ona		Key employee	e cor		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Institutional trustee		/ee	nper				
	dotted line)	Ж	stee			Highest compensated employee				
						8				
(1)		-								
(0)										
(2)		1								
(3)										
(4)										
(5)										
(0)										
(6)		-								
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(8)										
		1								
(9)										
(10)										
44)										
(11)		-								
(12)										
\1-1		1								
(13)										
		1								
(14)										
		1	1	l	1	1	1	1	I	I

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
						C)					
	(A)	(B)	(do n	ot ch		ition	e than o	nne.	(D)	(E)	(F)
	Name and title	Average	,				is both		Reportable	Reportable	Estimated amount
		hours per week	office	er and		_	or/trust	<u> </u>	compensation from the	compensation from related	of other compensation
		(list any	Indi or d	Inst	Officer	Key employee	High emp	Former	organization (W-2/	organizations (W-2/	from the
		hours for related	vidu	T ti	cer	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	of all tr	onal		ploy	com		1000 1420)	1000 1420)	Tolatod organizations
		below dotted line)	Individual trustee or director	Institutional trustee		8	pen				
		dottod iii toj	0	tee			Highest compensated employee				
(4.5)							۵				
(15)			-								
(16)											
(10)			1								
(17)											
Y											
(18)											
32											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)			-								
(0.5)											
(25)			-								
	Cubtotal										
1b c	Subtotal			•	•	•	• •	•			
d				•	•			•			
2	Total number of individuals (including but	not limited	to th	ose	· e list	ted	above	e) w	ho received mor	l e than \$100.000) of
_	reportable compensation from the organi							,		oa	
											Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	кеу е	mpl	loyee, or highes	st compensated	ı
	employee on line 1a? If "Yes," complete s	Schedule J	for s	uch	ind	ivid	ual				3
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	n a	nd other compe	nsation from the	
	organization and related organizations	greater th	an \$1	150,	,000)? /	f "Ye	s, "	complete Sched	dule J for such	ו ר
	individual										4
5	Did any person listed on line 1a receive of									tion or individua	.I
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J t	or s	such person .		5
	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Repo	ort compen	Isation	וסז ר	rtne	ca	ienda	r ye	ar ending with or	within the orgai	nization's tax year.
	(A) Name and business add	rooo							(B)	doo	(C)
	Name and business add	1622							Description of serv	rices	Compensation
2	Total number of independent contractor	rs (includi	na hi	ıt n	ot l	limit	ed to) th	ose listed abov	e) who	
-	received more than \$100,000 of compens							,		-,	

Page 8

 . 0 000 (202	7
Part VIII	Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Pa	art VIII		\square
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
عَ ق	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
ਲੂ ਵੂ∣	е	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
iti e		and similar amounts not included above 1f					
호된	g	Noncash contributions included in					
בל פ		lines 1a-1f 1g	\$				
ज ठ	h	Total. Add lines 1a-1f					
			Business Code				
<u> </u>	2a						
e Z	b						
en S	С						
gram Ser Revenue	d						
Program Service Revenue	е						
۵ ا	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a–2f					
	3	Investment income (including dividends other similar amounts)					
	4	Income from investment of tax-exempt bor	L				
	5	Daniel Maria					
	3	Hoyarties	(ii) Personal				
	6a	Gross rents 6a	(1) 1 0 0 1 1 1 1				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
	_	1c). See Part IV, line 18 8a					
		Less: direct expenses 8b					
	C	Net income or (loss) from fundraising ever Gross income from gaming	nts				
	9a						
	L	· · · · · · · · · · · · · · · · · · ·					
		Less: direct expenses 9b Net income or (loss) from gaming activities					
		Gross sales of inventory, less	o				
	. va	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventor	ry				
<u>o</u>			Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
eve eve	С						
Aisc R	d	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions					

Form 990 (2023) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 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 9 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 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 Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column

а

C d

25

Part X	Balance	Sheet
--------	---------	-------

		Check if Schedule O contains a response or note to any line in this Par	rt X		<u>.</u> .
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ħ		controlled entity or family member of any of these persons		00	
Liabilities	22	Secured mortgages and notes payable to unrelated third parties		22	
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
s		Organizations that follow FASB ASC 958, check here			
Se		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
<u>l</u>		Organizations that do not follow FASB ASC 958, check here			
Ť		and complete lines 29 through 33.			
0.0	29	Capital stock or trust principal, or current funds		29	
šets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	
z	33	Total liabilities and net assets/fund balances		33	
					- OOO (0000)

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	-			
7	Investment expenses				
8	Prior period adjustments	_			
9	Other changes in net assets or fund balances (explain on Schedule O)	3			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0			
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			Ц
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_!	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	airi oi	1		
•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant?		2a		
	reviewed on a separate basis, consolidated basis, or both.	ied o	r		
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		
D	Were the organization's financial statements audited by an independent accountant?	· ·			
	separate basis, consolidated basis, or both.	ווט ג	[*]		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	iaht o	f		
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O.				
3a	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		
				200	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) 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.) ☐ 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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) d 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 III, 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). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

	in the organization rails to quality	under the te	ists listed bei	ow, please co	ompiete Fart	II. <i>)</i>	
	on A. Public Support			T	1	Г	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Coot:	on B. Total Support						
		(=) 0010	(l-) 0000	(-) 0001	(4) 0000	(-) 0000	(f) Total
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(I) Total
ี 10a	Gross income from interest, dividends,						
IUa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					🗌
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2023 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022					18	%
19a	331/3% support tests—2023. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2022. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this l	_	=		· · · · · · · · · · · · · · · ·		_
20	Private foundation If the organization di	ri not check a	DOX ON LINE 14	149 Or 14h	THECK THIS HAY	and see instru	ctions \square

Schedule A (Form 990) 2023 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.)

Se

Jecu	on A. All Supporting Organizations		Yes	No
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.	1	163	140
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 11c below, the governing body of a supported organization? 11a **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 detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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, supervised, 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). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 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. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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. 3a

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

3b

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Secti	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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-function (see instructions).	ally	integrated Type III suppor	ting organization

Schedule A (Form 990) 2023 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization **ARK OF REFUGE**

Employer identification number 83-4721056

Part and Line Number: Part III Line 4d

MOTEL VOUCHER PRG: Hotel Voucher Programs 245, (1) day hotel vouchers @ \$200 per night. Or 35 clients temporarily housed for 7 nights @ \$200.00 per night. AMT NOT PAID IN FULL MISSING 41K SEE ATTACHMENTS

Expenses:\$13,535.00 Grants: \$49,000.00 Revenue:\$0.00

Operating General (PETTY CASH)

Expenses: \$7,433.00 Grants: \$7,000.00 Revenue: \$0.00

SUPPLIES

Expenses: \$5,291.00 Grants: \$6,975.00 Revenue: \$0.00

OPERATIONAL PETTY CASH FUND

Expenses:\$3,911.00 Grants: \$0.00 Revenue:\$0.00

EMERGENCY TRANSPORTATION UBER VOUCHER (HOTLINE ISSUANCE)

Expenses:\$49.00 Grants: \$0.00 Revenue:\$0.00

ADVERTISING

Expenses:\$4,720.00 Grants: \$4,720.00 Revenue:\$0.00

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Expenses: \$4,792.00 Grants: \$0.00 Revenue: \$0.00

BUSINESS INSURANCE

Expenses: \$1,320.00 Grants: \$3,510.00 Revenue: \$0.00

ACCOUNTING

Expenses: \$5,000.00 Grants: \$6,460.00 Revenue: \$0.00

SERVICE PERSONNEL SEE ATTACHMENT (1099+W2)

Expenses:\$118,722.00 Grants: \$152,351.00 Revenue:\$0.00

MARKETING CAMPAIGNS

Expenses: \$20,104.00 Grants: \$20,104.00 Revenue: \$0.00

NONPROFIT COMPLIANCE AGENCY BRYTEBRIDGE

Expenses:\$5,000.00 Grants: \$3,552.00 Revenue:\$0.00

BROCHURES AND PAMPHLETS

Expenses: \$6,650.00 Grants: \$6,650.00 Revenue: \$0.00

Part and Line Number: Part VI Line 1a

Section 3. Rights of Members Each member shall be eligible to appoint one voting representative to cast the member's vote in association elections. Section 4. Resignation and Termination Any member may resign by filing a written resignation with the secretary. Resignation shall not relieve a member of unpaid dues, or other charges previously accrued. A member can have their membership terminated by a majority vote of the membership. Section 5. Non-voting Membership The board shall have the authority to establish and define non-voting categories of membership.

Part and Line Number: Part VI Line 2

LESLIE WEST AND DORIS DAVIS

Part and Line Number: Part VI Line 4

ATTACHED . power of authority and bylaws as well as employee manual

Part and Line Number: Part VI Line 11b

Taxes and Reporting Requirements The auditor prepares Form 990 "IRS Return of Organization Exempt from Income Tax," the (State Form) "(State Form Name) Exempt Organization Annual Information Return," and all other related documents which is sent automatically to the governing body via application. The CFO completes and submits Welfare Exemption and Business Property forms on The Ark of Refuge owned and leased offices. Welfare Exemption forms for The Ark of Refuge multifamily properties are completed by The Ark of Refuge property management staff.

Part and Line Number: Part VI Line 12c

45.2 Procedures 45.2.1 Duty to Disclose In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. 45.2.2 Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. 45.2.3 Procedures for Addressing the Conflict of Interest 1. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. 2. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. 3. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. 4. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or the arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Part and Line Number: Part VI Line 15

The Governing Board for The Ark of Refuge Inc HEREBY waive the dues and fees associated with the membership of the initial board. Each member has made a monetary contribution TO the Ark of Refuge or equivalent effort and time. Effort and Time is calculated at the current minimum wage multiplied by Time. Equity contributions shall be repaid to each stakeholder as funds become available granted such payment would not impede operations or their

capacity. Section 5. Compensation a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation. b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly from the Organization for services is precluded from voting on matters pertaining to that member's compensation. c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Part and Line Number: Part VI Line 19

available at www.thearkofrefuge.com/administration

Employer's Name :	The Ark Of R	efuge Inc		Employer's	Address : 500	Capitol Mall	Suite 2350 S	acramento	CA	
Employer's FEIN :	83-4721056			Employer's ZIP Code : 95814						
Earnings Summary	Wages, Tips, other Comp	Federal Income Tax Withheld	Social Security Wages	Soc Sec Tax Withheld	Medicare Wages	Medicare Tax Withheld	State Wages, Tips, Etc	State Income Tax	Local Wages Tips, E	
						Box 6			Box 1	
Jackson, Jamika			Sec					A-17 (2)	Way O	
Gross Pay	2464.64		2464.64		2464.64		2464.64			
Reported W-2 Wages/Tax	2464.64	1.19	2464.64	152.81	2464.64	35.74	2464.64			
Johnson, Rejon				291 (\$36.4	LAMP		-	Patriand	C/. 9461	
Gross Pay	466.88		466.88		466.88		466.88			
Reported W-2 Wages/Tax	466.88	0.00	466.88	28.95	466.88	6.77	466.88			
Kent, Semaj				-11/2-411-4			- last-	14 F F F F F F F F F F F F F F F F F F F	_as Vega	
Gross Pay	15.50		15.50		15.50		15.50			
Reported W-2 Wages/Tax	15.50	0.00	15.50	0.96	15.50	0.22	15.50			
Levingston, Edward			0 85 0	-				2000	CA	
Gross Pay	1622.82		1622.82		1622.82		1622.82	-4	_	
Reported W-2 Wages/Tax	1622.82	0.00	1622.82	100.61	1622.82	23.53	1622.82			
Oliver, Vanessa			-			0.00	-	~=1.4	- 19	
Gross Pay	4303.07		4303.07		4303.07		4303.07			
Reported W-2 Wages/Tax	4303.07	57.00	4303.07	266.79	4303.07	62.39	4303.07	48.26	Ē	
West, Leslie S						S			ento	
Gross Pay	17038.71		17038.71		17038.71		17038.71			
Less 401(k) (D-Box 12)	101.32						101.32			

Company: The Ark Of Refuge Inc Year: 2023 This report contains sensitive personal information. Exercise caution in handling and distribution.

W-2 Preview

Employer's Name :	The Ark Of R	lefuge Inc	inc Employer's Address : 500 Capitol Mail Suite 23						CA		
Employer's FEIN :	83-4721056			Employer's ZIP Code : 95814							
	Wages, Tips, other Comp	Federal Income Tax Withheld	Social Security Wages	Sec Sec Tax Withheld	Medicare Wages	Medicare Tax Withheld	State Wages, Tips, Etc	State Income Tax	Loca Wage Tips, E		
		Box 2	Box 3	Box 4	Box 5			Box 17	Box 1		
Reported W-2 Wages/Tax	16937.39	2208.49	17038.71	1056.40	17038.71	247.06	16937.39	610.88			

FEDERAL TOTALS	W3 Kind of Em	player: None	apply				
Gross Pay	25911.62		25911.62		25911.62		
Less 401(k) (D-Box 12)	101.32						
Reported W-2 Wages/Tax	25810.30	2266.68	25911.62	1606.52	25911.62	375.71	

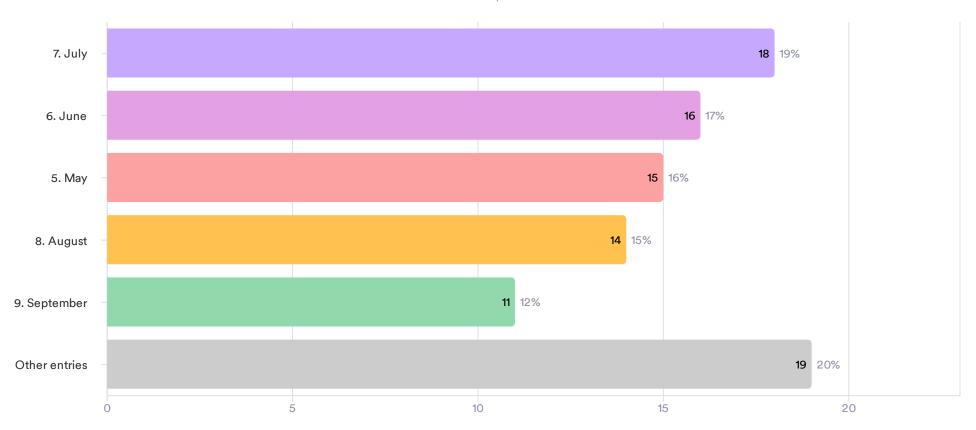
TATE AND LOCAL TOTALS		
CA SIT	25810.30	659.14

Client Evaluations

ARK OF REFUGE INC

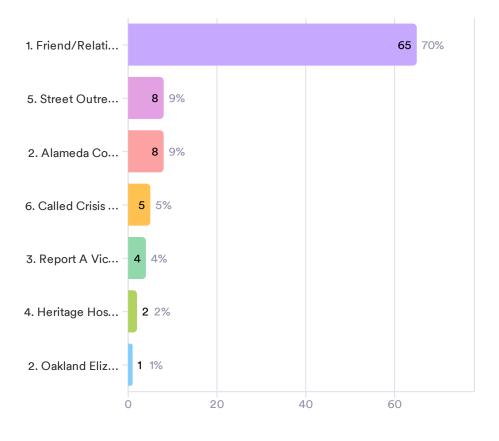
VIEW SLIDESHOW AT: https://www.jotform.com/report/23191493996106411?st=b2c3ZFdBOS8wMIFTUnd0Y3FJQXFCK0duUE9ONGM3U3pRZjg5ZmQvbGZDc2hDeHIGZFRJNFBEV3Z5Q2NSaFU1a1VzTGUxNXpSQVN0bVVIM3g4bko2dzc5UWZtSWh3SGdmRjhERkVFcnRIYIBoSTZoOWhrd3JSYWtDU3crNERnS2w=

Applicant Submission Month

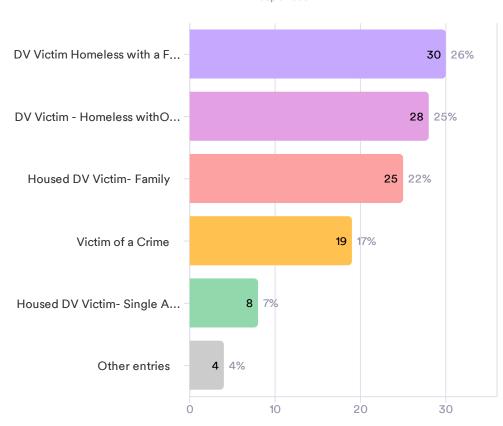


Referral Source

93 Responses



Which Category Best Describes You?



County

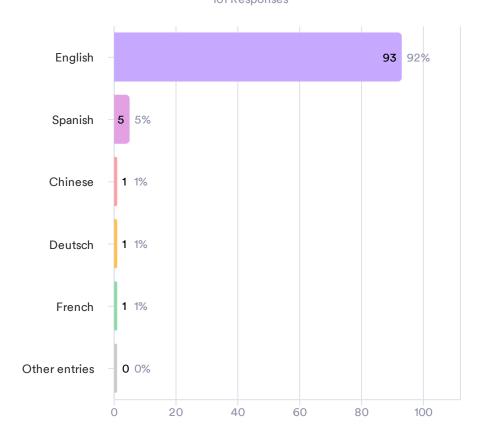
93 Responses

Data	Responses
Sacramento	25
Alameda	18
ALAMEDA	10
Los Angeles	7
SACRAMENTO	5
Us	2
Alamedas	2
Alameda County	2
LOS ANGELES	2

Date of Birth

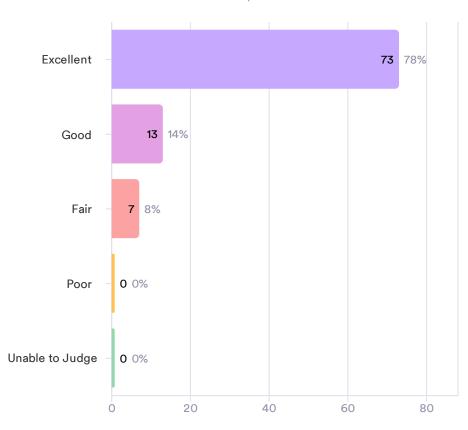
Data	Responses
04-06-1995	3
11-10-1965	3
02-28-1985	2
05-27-1982	2
10-31-2001	2
06-24-1995	2
11-02-1998	2
05-22-1991	2
09-12-1984	2





English Proficiency

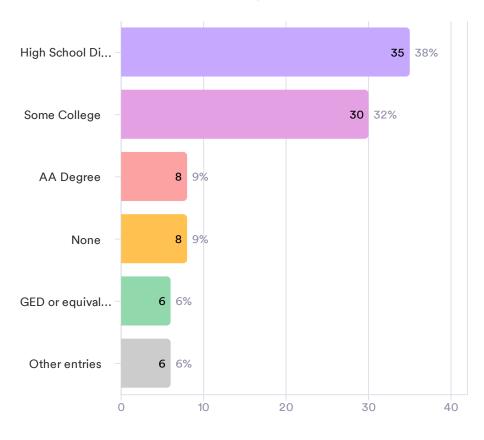




Client Evaluation

Education Background





Date of Incident

Data	Responses
06-16-2023	3
06-29-2023	3
10-10-2023	2
09-03-2023	2
08-21-2023	2
09-18-2023	2
08-14-2023	2
09-11-2023	2
06-10-2023	2

Client Evaluation

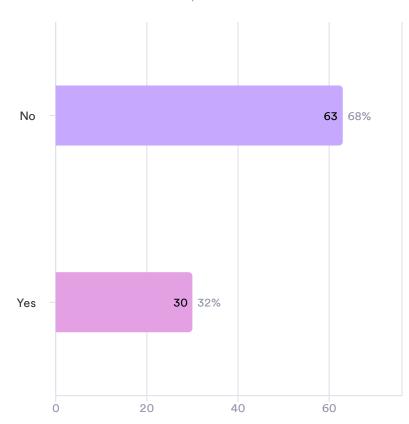
In five (5) sentences or less, describe your immediate crisis (DV Incident or Crime) and how it affects/affected your overall safety:

93 Responses

Data	Responses
I was assaulted and being relocated	2
I was kicked with steel toe boots and punched several times by a ex boyfriend	2
In July, a former partner saw me at a gas station, attacked me and robbed me. I was walking to the store up the street from my job 8/21/23, and he saw me again and took my purse including my rent money, credit, cards, and ID. It is still affecting me because I am not sure if he will find out where I live, thankfully my son has not been with me when he has showed up. He knows where I work and could be parked outside or anything like that. I missed several days work which is making it difficult to make rent and bills, and I am now relocating away from the Bay Area for my safety. (app completed over phone, FJC navigator paraphrasing).	2
Lived with boyfriend, he is ex military. Had a flashback in his sleep and choked me i couldn't get him out of the flashback. Need help finding housing and rental assistance if possible currently staving with a friend.	2

Was a police report filed?



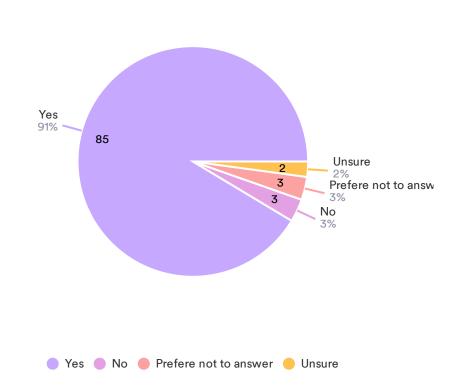


If Yes, what is the Incident Number and Municipality? (Example: 12345/Oakland PD

24 Responses

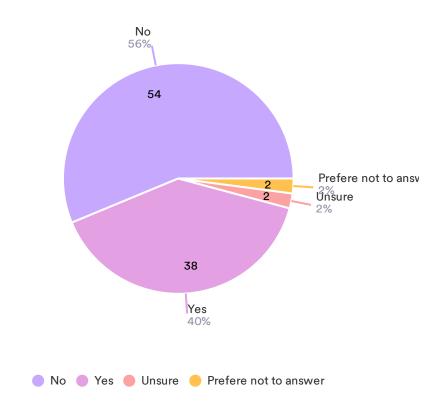
Data	Responses
23-906441	3
23-257711	2
202367417/Hayward police	1
2202012 and 23-0210/Berkeley PD	1
Oakland	1
Highway patrol	1
22-022240	1
00030227/San Leandro pd	1
Court Case number 21M1002845 sac PD	1

Have you ever been the victim of domestic violence? (Physical injury committed by a family or household member against another family or household member)*

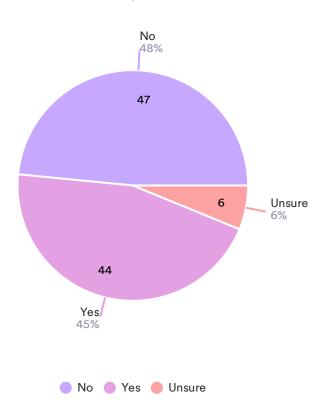


Have you ever been the victim of human trafficking? (The use of force, fraud, or coercion to obtain some type of labor or commercial sex act from another person)

96 Responses

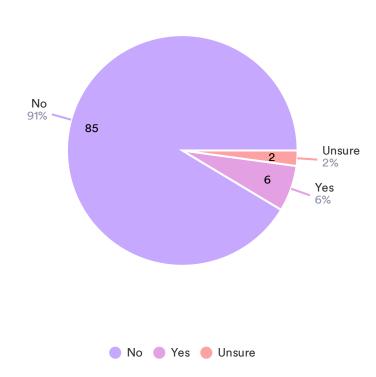


Have you ever been the victim of kidnapping? (Forcibly, secretly, or by threat confining, abducting, or imprisoning another person against their will)*

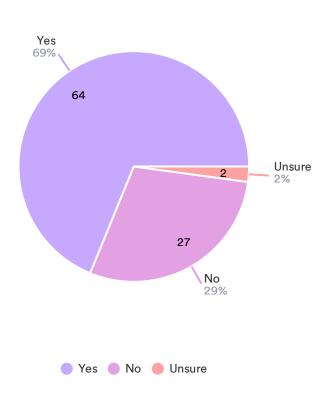


Have you ever been the victim of elder abuse? (Intentional acts by a caregiver that cause significant impairment to an elderly adult's physical, mental, or emotional health)*

93 Responses

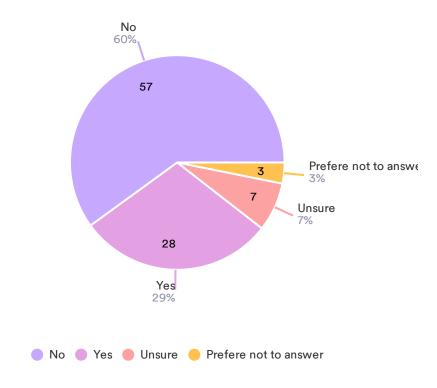


Have you ever been the victim of a robbery? (Taking money or property from another person through the use of force, violence, assault, or threat)*

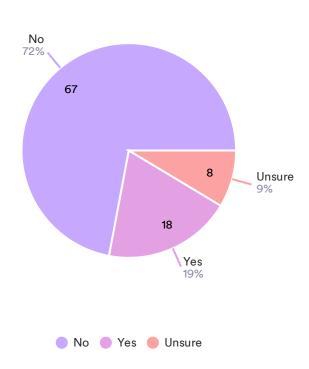


Have you or a family member ever been a victim of or witnessed a homicide? (When one human being causes the death of another, which includes accidents/manslaughter, self-defense, or premeditated murder)*

95 Responses

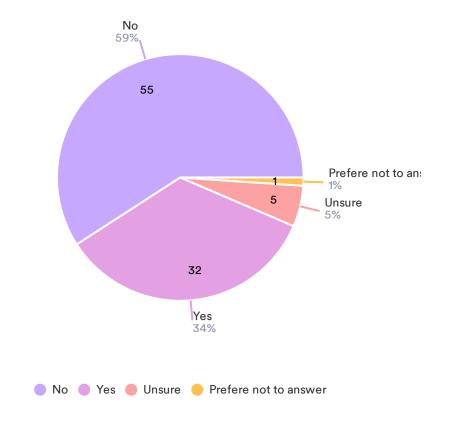


Have you ever been a victim of a hate crime related to your sexual orientation and/or gender identity or expression? (A crime motivated by bias against or hatred towards someone due to their sexual orientation and/or gender identity)*



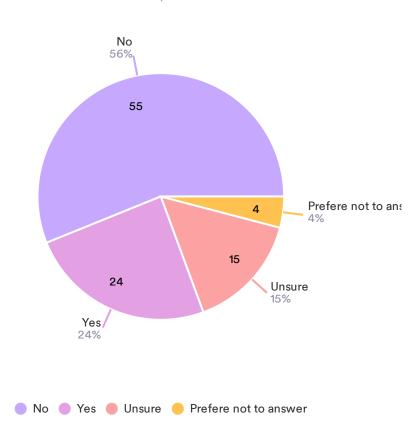
Have you ever been a victim of a hate crime targeting any other identity (such as racial, ethnic, or religious identity)?*





Have you ever been denied services due to your race/ gender and/or sexual identity?*

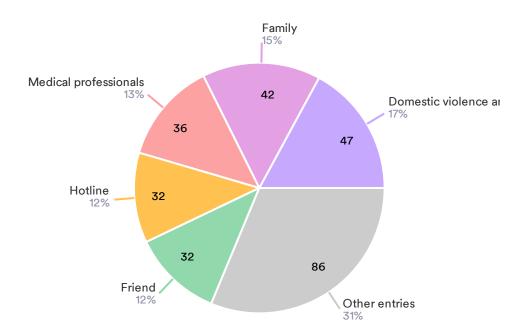


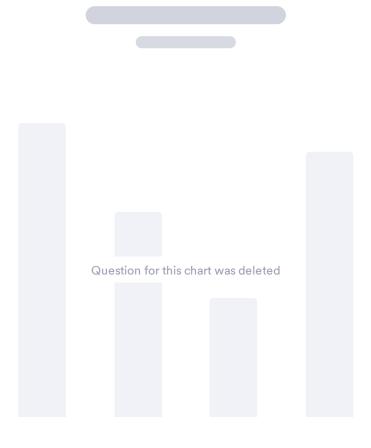


Client Evaluation

If you were the victim of one or multiple crimes, did you seek out support from any of the following resources? (can select multiple)*

275 Responses





Question for this chart was deleted

Thank You!

ARK OF REFUGE INC

Expense Report

Ark of Refuge, Inc Grouped by Category (USD) For Jan 1, 2023 - Dec 31, 2023

Summary

Total Expenses (USD) \$335,848.21 USD



Personnel (Cost of Goods Sold)

Personnel (general)

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 ADP PAYROLL - RunADPAdmin INV 46	0.00	0.00	\$3,666.89
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 ADP PAYROLL - RunADPAdmin INV 46	0.00	0.00	\$3,666.89
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 ADP PAYROLL - RunADPAdmin INV 46	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Nov 7, 2023 ADP PAYROLL - RunADPAdmin INV 45	0.00	0.00	\$7,333.78
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Nov 3, 2023 ADP PAYROLL - RunADPAdmin INV 45	0.00	0.00	\$7,333.78
ADP PAYROLL -RunADPAdmin Corporate Office	Nov 3, 2023 ADP PAYROLL - RunADPAdmin INV 45	0.00	0.00	\$310.83

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
CAL OES (XD) Domestic Violence First Program				
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Oct 3, 2023 ADP PAYROLL - RunADPAdmin INV 44	0.00	0.00	\$5,011.34
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Oct 3, 2023 ADP PAYROLL - RunADPAdmin INV 44	0.00	0.00	\$5,011.34
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Oct 3, 2023 ADP PAYROLL - RunADPAdmin INV 44	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Oct 3, 2023 ADP PAYROLL - RunADPAdmin INV 44	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Oct 3, 2023 ADP PAYROLL - RunADPAdmin INV 44	0.00	0.00	\$168.95
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 ADP PAYROLL - RunADPAdmin INV 43	0.00	0.00	\$3,818.07
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 ADP PAYROLL - RunADPAdmin INV 43	0.00	0.00	\$3,818.08
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 ADP PAYROLL - RunADPAdmin INV 43	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 ADP PAYROLL - RunADPAdmin INV 41	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 ADP PAYROLL - RunADPAdmin INV 41	0.00	0.00	\$5,728.76

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 ADP PAYROLL - RunADPAdmin INV 41	0.00	0.00	\$5,728.77
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 22, 2023 ADP PAYROLL - RunADPAdmin INV 40	0.00	0.00	\$5,327.64
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 ADP PAYROLL - RunADPAdmin INV 40	0.00	0.00	\$5,327.64
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 ADP PAYROLL - RunADPAdmin INV 40	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jun 23, 2023 Payroll deposit	0.00	0.00	\$5,000.00
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jun 23, 2023 Altus Collections -Delayed Xd payment until May	0.00	0.00	\$5,711.29
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Mar 31, 2023 GRANT: #XD22011393 MONTH: MARCH PERIOD: 3/15/2023-3/31/2023 PAYROLL: 5820.28 PROCESSING FEE:17.24	0.00	0.00	\$5,837.52
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Mar 15, 2023 GRANT: #XD22011393 MONTH: MARCH PERIOD: 3/01/2023-3/14/2023 PAYROLL: 5820.28 PROCESSING FEE:17.24	0.00	0.00	\$5,837.52
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Mar 3, 2023 GRANT: #XD22011393 MONTH: FEBRUARY PERIOD: 2/12/2023- 2/25/2023 PAYROLL:4909.49 PROCESSING FEE:17.24	0.00	0.00	\$4,936.82

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 21, 2023	0.00	0.00	\$4,673.66
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 17, 2023 GRANT: #XD22011393 MONTH: FEBRUARY PERIOD: 1/29/2023- 2/11/2023	0.00	0.00	\$44.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 15, 2023	0.00	0.00	\$44.83
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 13, 2023 GRANT: #XD22011393 MONTH: FEBRUARY PERIOD: 1/29/2023- 2/11/2023 PAYROLL: 4656.42 PROCESSING FEE: 17.24	0.00	0.00	\$4,673.66
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 11, 2023 GRANT: #RP21011393 MONTH: FEBRUARY PERIOD: 1/29/2023- 2/11/2023 PAYROLL: 1083.92 PROCESSING FEE: 9.02	0.00	0.00	\$1,092.94
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 10, 2023	0.00	0.00	\$4,936.82
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 31, 2023 GRANT: #XD22011393 MONTH: JANUARY PERIOD: 1/15/2023- 1/28/2023 PAYROLL: 4605.23 PROCESSING FEE: 17.24	0.00	0.00	\$4,622.47
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 31, 2023 GRANT: #RP21011393 MONTH: JANUARY PERIOD: 1/01/2023- 1/14/2023 PAYROLL:	0.00	0.00	\$1,290.03

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
	1281.01 PROCESSING FEE: 9.02			
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 31, 2023 GRANT: #RP21011393 MONTH: JANUARY PERIOD: 1/15/2023- 1/28/2023 PAYROLL: 1281.01 PROCESSING FEE: 9.02	0.00	0.00	\$1,290.03
ADP PAYROLL -RunADPAdmin Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 17, 2023 GRANT: #XD22011393 MONTH: JANUARY PERIOD: 1/15/2023- 1/28/2023 PAYROLL: 4594.10 PROCESSING FEE: \$17.24	0.00	0.00	\$4,611.34
Total for Personnel (general) Cost of Goods Sold				\$118,721.50 USD



© Operating (Operating Expense)

Operating (general)

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
USPS Corporate Office CAL OES (XD) Domestic Violence First Program	Jun 23, 2023 Burlington cheque	0.00	0.00	\$9.65
California Office of Emergency Services Corporate Office CAL OES (XD) Domestic Violence First Program	Mar 1, 2023 1. JANUARY + FEBRUARY RP 21011393 PAYROLL MATCH \$423 RECONCILIATION OVERPAYMENT	0.00	0.00	\$423.00
US BANK -WITHDRAWAL Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 19, 2023 PETTY CASH	0.00	0.00	\$7,000.00
Total for Operating (general)				\$7,432.65

Operating Expense

USD

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
GOLD MIND MARKETING Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 MARKETING CONSULTANT INV 43	0.00	0.00	\$4,720.00
Total for Advertising Operating Expense				\$4,720.00 USD
Courtesy Card Program				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
AMZN.COM/BILL, WA Corporate Office	Dec 4, 2023 Emergency Visa Gift Card	0.00	0.00	\$3,104.25

Courtesy	Card I	Program
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Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 Emergency Visa Gift Card \$200 PER INV 46 +activation fee	0.00	0.00	\$3,104.25
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 Emergency Amazon Gift Card \$300 PER INV 46	0.00	0.00	\$4,500.00
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Nov 3, 2023 Emergency Amazon Gift Card \$300 PER INV 45	0.00	0.00	\$4,500.00
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Nov 3, 2023 Emergency Visa Gift Card \$200 PER INV 45 +activation fee	0.00	0.00	\$3,069.50
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Emergency Visa Gift Card \$200 PER INV 43	0.00	0.00	\$200.00
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Emergency Visa Gift Card Activation	0.00	0.00	\$6.95
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Emergency Amazon Gift Card \$300 PER INV 41	0.00	0.00	\$3,000.00
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Emergency Visa Gift Card \$200 PER INV 40	0.00	0.00	\$2,000.00

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Emergency Visa Gift Card Activation Fee PER INV 40	0.00	0.00	\$69.50
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Emergency Visa Gift Card \$200 PER INV 40	0.00	0.00	\$1,400.00
Total for Courtesy Card Program Operating Expense				\$21,850.20 USD
Emergency Clothing Program				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 Emergency Clothing INV 46	0.00	0.00	\$127.77
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Emergency Clothing INV 43	0.00	0.00	\$2,800.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Emergency Clothing INV 44	0.00	0.00	\$2,000.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Emergency Clothing INV 41	0.00	0.00	\$2,000.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Emergency Clothing INV 41	0.00	0.00	\$2,000.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Emergency Clothing INV 40	0.00	0.00	\$800.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Emergency Clothing INV 40	0.00	0.00	\$150.00

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Emergency Clothing INV 40	0.00	0.00	\$2,600.00
Burlington Stores Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jun 23, 2023 Community Voucher Program Prepayment	0.00	0.00	\$1,000.00
Glitter Tees Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 12, 2023 XD22-01-1393 OPERATING BUDGET Subcontracted Printing Services: Bulk Discount Brochure Semi Gloss (1180)	0.00	0.00	\$5,900.00
Glitter Tees Inc Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 2, 2023 XD22-01-1393 OPERATING BUDGET Glitter Tees and Customs 200 Jogger Sets + T shirts Socks & Undergarments,	0.00	0.00	\$13,591.00
Total for Emergency Clothing Program Operating Expense Emergency Transportation Program				\$32,968.77 USD
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
AMZN.COM/BILL, WA Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Emergency Transportation PER INV 40	0.00	0.00	\$48.65
Total for Emergency Transportation Program Operating Expense	1			\$48.65 USD
Motel Voucher Program				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 24, 2023 3-Day Motel Voucher Program INV 46	0.00	0.00	\$600.00
Emergency Housing Corporate Office	Aug 8, 2023 7-Day Motel Voucher Program INV 41	0.00	0.00	\$5,600.00

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
CAL OES (XD) Domestic Violence First Program				
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 7-Day Motel Voucher Program INV 41	0.00	0.00	\$5,256.02
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 3-Day Motel Voucher Program INV 41	0.00	0.00	\$306.00
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 3-Day Motel Voucher Program INV 41	0.00	0.00	\$573.00
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 1-Day Motel Voucher Program INV 40	0.00	0.00	\$200.00
Emergency Housing Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 5-Day Motel Voucher Program INV 40	0.00	0.00	\$1,000.00
Total for Motel Voucher Program Operating Expense				\$13,535.02 USD
MTDC Operational Expenses - Other	Data / Danasiation	Tour 4	T 0	A
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Date/Description Sep 16, 2023 MTDC 10% MINIMUS INV 43	Tax 1 0.00	Tax 2 0.00	\$5,266.00
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 MTDC 10% MINIMUS INV 44	0.00	0.00	\$8,160.07
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 MTDC 10% MINIMUS INV 41	0.00	0.00	\$12,004.84
ARK OF REFUGE Corporate Office	Jul 8, 2023 MTDC 10% MINIMUS INV 40	0.00	0.00	\$8,961.87

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
CAL OES (XD) Domestic Violence First Program				
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 9, 2023	0.00	0.00	\$2,600.00
PGE Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 31, 2023 PG & E	0.00	0.00	\$256.05
Miscellaneous Merchants (See Bank Statement) Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 30, 2023 "CHARGING LESS" HIGHLIGHTED ON BANK STATEMENT IN ORANGE	0.00	0.00	\$8,684.93
REGUS INC Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 17, 2023 VIRTUAL OFFICE	0.00	0.00	\$713.97
METROPCS Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 1, 2023 DISPATCH PHONE SERVICES	0.00	0.00	\$150.00
Total for MTDC Operational Expenses - Oth Operating Expense	ner			\$46,797.73 USD
Petty Cash Fund Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
Petty Cash Fund Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Petty Cash Fund INV 43	0.00	0.00	\$50.00
Petty Cash Fund Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 3, 2023 Petty Cash Fund INV 41	0.00	0.00	\$200.00
Petty Cash Fund Corporate Office CAL OES (XD) Domestic Violence First	Jul 8, 2023 Petty Cash Fund INV 40	0.00	0.00	\$3,400.00

0.00

0.00

\$142.48

Jul 8, 2023

Program

ARK OF REFUGE

Corporate Office

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
CAL OES (XD) Domestic Violence First Program	Petty Cash Fund ANONYMOUS DEBIT PURCHASES INV 40			
Petty Cash Fund Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Petty Cash Fund ANONYMOUS DEBIT PURCHASES INV 40	0.00	0.00	\$118.20
Total for Petty Cash Fund Operating Expense				\$3,910.68 USD
Rental Assistance Program				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Dec 4, 2023 Rental Assistance Program INV 46	0.00	0.00	\$10,000.00
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Nov 3, 2023 Rental Assistance Program INV 44	0.00	0.00	\$15,000.00
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 Rental Assistance Program INV 44	0.00	0.00	\$14,000.00
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Aug 8, 2023 Rental Assistance Program INV 41	0.00	0.00	\$10,000.00
ARK OF REFUGE Corporate Office CAL OES (XD) Domestic Violence First Program	Jul 8, 2023 Rental Assistance Program INV 40	0.00	0.00	\$15,000.00
Total for Rental Assistance Program Operating Expense				\$64,000.00 USD
Supplies				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
ULINE Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 15, 2023 ULINE	0.00	0.00	\$5,291.01

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
Total for Supplies Operating Expense				\$5,291.01 USD
Total for Operating Operating Expense				\$200,554.71 USD
♦ Other Expenses (Operating Expense)				
Abatements				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
California Office of Emergency Services Corporate Office CAL OES (XD) Domestic Violence First Program	Jun 26, 2023 XD PRG ABATEMENT JANUARY	0.00	0.00	\$7,000.00
California Office of Emergency Services Corporate Office CAL OES (XD) Domestic Violence First Program	Mar 8, 2023 ABATEMENT: RP#21-01- 1393 Abatement Period: 09/01/2022-09/30/2022 Performance Period: 01/01/2022-12/31/2024 Abatement Reason: Contractor Retainer	0.00	0.00	\$3,250.00
Total for Abatements Operating Expense				\$10,250.00 USD
Business Insurance				
Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
KIS INSURANCE SVCS Corporate Office CAL OES (XD) Domestic Violence First Program	Feb 9, 2023 TRAVELERS POLICY	0.00	0.00	\$1,322.00
Total for Business Insurance Operating Expense				\$1,322.00 USD
Total for Other Expenses Operating Expense				\$11,572.00 USD
Personal (Operating Expense)				

Personal (general)

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
expense record-attachment Corporate Office CAL OES (XD) Domestic Violence First Program	Jan 31, 2023	0.00	0.00	\$0.00
Total for Personal (general) Operating Expense				\$0.00 USD

Professional Services (Operating Expense)

Accounting

Merchant/Source/Client	Date/Description	Tax 1	Tax 2	Amount
CRN NEVADA CREDIT RESTORATION Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 ACCOUNTING INV 43	0.00	0.00	\$2,500.00
CRN NEVADA CREDIT RESTORATION Corporate Office CAL OES (XD) Domestic Violence First Program	Sep 16, 2023 ACCOUNTING INV 44	0.00	0.00	\$2,500.00
Total for Accounting Operating Expense				\$5,000.00 USD

INTERNAL REVENUE SERVICE CINCINNATI, OH 0. BOX 2508

2 1 2020 Date: JUL THE ARK OF REFUGE INC 2416 MORAINE CIRCLE APARTMENT 23 RANCHO CORDOVA, CA 95670

Employer Identification Number:

26053566007490

CUSTOMER SERVICE Contact Person:

31954

#OI

Number: Contact Telephone

(877) 829-5500 Accounting Period Ending:

Form 990-PF Required: December

Exemption: Effective Date of

November 13, 2019 Addendum Applies:

Dear Applicant:

contributions they make to you under IRC Section 170. You're also qualified We're pleased to tell you we determined you're exempt from federal income under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions exempt status. Please keep it for your records.

private Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a prifoundation within the meaning of Section 509(a). You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter. For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 1076

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Sincerely,

staken a north

Director, Exempt Organizations Rulings and Agreements Letter 1076

Budget Summary Report

XD22 Don	nestic Violence Housing First Program		Subaward#: XD22 01 1393			
The Ark of Refuge, Inc			Subaward Period: 01/01/23 - 12/31/23			
Domestic Vi	iolence Housing First Program		Latest Request: September 2023, Not Final 201			201
A Personn	nel Services - Salaries/Employee Benefits					
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	20VOCA	45,345	45,345	0	0	0
F	21VOCA	107,006	91,495	15,511	0	15,511
Total A Pe	ersonnel Services - Salaries/Employee Benefits	152,351	136,840	15,511	0	15,511
B. Operati	ing Expenses					
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	20VOCA	77,155	68,345	8,810	0	8,810
F	21VOCA	120,494	116,333	4,161	0	4,161
Total B. O	perating Expenses	197,649	184,678	12,971	0	12,971
C. Equipm	<u>eent</u>					
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	20VOCA	0	0	0	0	0
F	21VOCA	0	0	0	0	0
Total C. E	quipment	0	0	0	0	0
<u>F/S/L</u>	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
Total						

Budget Summary Report

XD22 Domestic Violence Housing First Program	Subaward#: XD22 01 1393		
The Ark of Refuge, Inc	Subaward Period: 01/01/23 - 12/31/23		
Domestic Violence Housing First Program	Latest Request: September 2023, Not Final 201		

	Budget Amount	Paid/Expended	<u>Balance</u>	<u>Pending</u>	Pending Balance
Total Local Match:	0	0	0	0	0
Total Funded:	350,000	321,518	28,482	0	28,482
Total Project Cost:	350,000	321,518	28,482	0	28,482

Revenue by Client

Ark of Refuge, Inc Total Collected (USD) For Jan 1, 2023 - Dec 31, 2023

Primary Contact / Company Name -

Total

USD

Keefe Mahar CAL OES (XD) Domestic Violence First Program	Total	\$306.496.15
		\$306,496.15

*Because deposit payments are made to you prior to the delivery of goods or services, they are not initially recorded as income on this report. Once your client has made a payment toward the remaining balance of the invoice, all payments received will be recorded as income. (Billed based report only)

^{**}To see the monthly breakdown, use the More Actions button and export the file.

Account Statement

For Jan 1, 2023 - Dec 31, 2023



(KM) CAL OES (XD) Domestic Violence First Program

Ark of Refuge, Inc 500 Capitol Mall Suite 2350 Sacramento , California 94814 **United States** +1 (866)676-0070

Summary

Balance Forward	0.00
Invoiced	378,197.89
Paid	- 306,496.15
Credit Balance	- 4.04
Credit Balance	- 4.

\$71,697.70 **Account Balance** USD

Details

Date	Description	Invoice #	Invoice Due	Amount	Paid
Dec 4, 2023	Payment Check	0000044	_	_	33,473.36
Dec 4, 2023	Payment Check	0000043	-	_	37,489.93
Dec 4, 2023	Payment Check	0000041	-	_	1,920.05
Dec 4, 2023	Payment Check	0000040	-	_	464.31
Oct 7, 2023	Invoice	0000047	Nov 6, 2023	8,177.22	_
Oct 7, 2023	Invoice	0000046	Nov 6, 2023	25,976.63	_
Oct 7, 2023	Invoice	0000045	Nov 6, 2023	37,547.89	_
Oct 3, 2023	Invoice	0000044	Nov 2, 2023	33,473.36	_
Sep 16, 2023	Invoice	0000043	Oct 16, 2023	37,489.93	_
Sep 16, 2023	Payment Check	0000041	-	_	53,258.00

Summary

Sep 16, 2023	Payment Check	0000040	_	_	42,873.00
Aug 3, 2023	Invoice	0000041	Sep 2, 2023	55,178.05	_
Jul 18, 2023	Credit Issued Prepayment 0000015	-	-	13,591.00	_
Jul 8, 2023	Invoice	0000040	Aug 7, 2023	43,337.31	_
Jul 7, 2023	Payment Check	0000036	-	_	22,044.04
Jul 7, 2023	Payment Check	0000033	-	-	37,931.34
Jun 26, 2023	Invoice	0000038	Jul 26, 2023	7,000.00	_
Jun 26, 2023	Credit Applied	0000038	-	_	7,000.00
Jun 24, 2023	Payment Check	0000035	_	_	19,120.00
Jun 6, 2023	Invoice	0000036	Jul 6, 2023	22,044.04	_
May 30, 2023	Payment Check	0000026	_	_	23,753.81
May 24, 2023	Payment Check	0000027	_	_	13,577.31
May 24, 2023	Credit Issued Overpayment 0000009	_	_	7,000.00	-
May 5, 2023	Invoice	0000035	Jun 4, 2023	19,120.00	_
Apr 5, 2023	Invoice	0000033	May 5, 2023	37,931.34	_
Mar 8, 2023	Invoice	0000027	Apr 7, 2023	13,577.31	_
Jan 31, 2023	Invoice	0000026	Mar 2, 2023	37,344.81	_
Jan 31, 2023	Credit Applied	0000026	-	_	13,591.00

Invoice Details

Ark of Refuge, Inc Total Invoiced: 378,197.89 (USD)

For Jan 1, 2023 - Dec 31, 2023



(KM) CAL OES (XD) Domestic Violence First Program

Summary

Amount Paid	307,396.15
Total Invoiced	378,197.89

Amount Due \$70,801.74 USD

Invoice #: 0000026 Issued: Jan 31, 2023

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
Petty Cash Fund	\$7,000.00	1	0.00	0.00	\$7,000.00
Petty Cash Fund	(\$7,000.00)	1	0.00	0.00	(\$7,000.00)
MTDC 10% MINIMUS	\$5,200.00	1	0.00	0.00	\$5,200.00
Advertising	\$5.00	1180	0.00	0.00	\$5,900.00
Emergency Clothing -	\$13,591.00	1	0.00	0.00	\$13,591.00
Advertising	\$1,875.00	2	0.00	0.00	\$3,750.00
Advertising	(\$450.00)	1	0.00	0.00	(\$450.00)
Advertising	\$120.00	3	0.00	0.00	\$360.00
Advertising	(\$240.00)	1	0.00	0.00	(\$240.00)
ADP PAYROLL -RunADPAdmin	\$4,611.34	1	0.00	0.00	\$4,611.34
ADP PAYROLL -RunADPAdmin	\$4,622.47	1	0.00	0.00	\$4,622.47
				Subtotal	37,344.81

0.00	Tax
37,344.81	Invoice Total
37,344.81	Amount Paid
\$0.00 USD	Amount Due

Invoice #: 0000027 Issued: Mar 8, 2023

Status: Paid

155ueu. Mai 0, 2025					Status. Faiu
Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
INSURANCE	\$1,322.00	1	0.00	0.00	\$1,322.00
MTDC 10% MINIMUS	\$2,600.00	1	0.00	0.00	\$2,600.00
ADP PAYROLL -RunADPAdmin	\$44.83	1	0.00	0.00	\$44.83
ADP PAYROLL -RunADPAdmin	\$4,936.82	1	0.00	0.00	\$4,936.82
ADP PAYROLL -RunADPAdmin	\$4,673.66	1	0.00	0.00	\$4,673.66
				Subtotal	13,577.31
				Tax	0.00
				Invoice Total	13,577.31
				Amount Paid	13,577.31
		-		Amount Due	\$0.00 USD

Invoice #: 0000033 Issued: Apr 5, 2023

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
MARKETING CONSULTANT	\$20,104.05	1	0.00	0.00	\$20,104.05
NON PROFIT COMPLIANCE AGENCY	\$3,552.00	1	0.00	0.00	\$3,552.00
MTDC 10% MINIMUS	\$2,600.25	1	0.00	0.00	\$2,600.25
ADP PAYROLL -RunADPAdmin	\$5,837.52	1	0.00	0.00	\$5,837.52
ADP PAYROLL -RunADPAdmin	\$5,837.52	1	0.00	0.00	\$5,837.52
				Subtotal	37,931.34

Invoice #: 0000035 Issued: May 5, 2023

Status: Paid

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$9,560.00	1	0.00	0.00	\$9,560.00
ADP PAYROLL -RunADPAdmin	\$9,560.00	1	0.00	0.00	\$9,560.00
				Subtotal	19,120.00
				Tax	0.00
				Invoice Total	19,120.00
				Amount Paid	19,120.00
				Amount Due	\$0.00 USD

Invoice #: 0000036 Issued: Jun 6, 2023

Status: Paid

22,044.04

Amount Paid

155ueu. Juli 0, 2025					Status, Faiu
Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$6,784.20	1	0.00	0.00	\$6,784.20
ADP PAYROLL -RunADPAdmin	\$6,784.20	1	0.00	0.00	\$6,784.20
MTDC 10% MINIMUS	\$4,884.64	1	0.00	0.00	\$4,884.64
Petty Cash Fund	\$200.00	15	0.00	0.00	\$3,000.00
Petty Cash Fund ANONYMOUS DEBIT PURCHASES	\$118.20	5	0.00	0.00	\$591.00
				Subtotal	22,044.04
				Tax	0.00
		-		Invoice Total	22,044.04

Invoice #: 0000038 Issued: Jun 26, 2023

Status: Paid

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$7,000.00	1	0.00	0.00	\$7,000.00
Petty Cash Fund	\$0.00	1	0.00	0.00	\$0.00
				Subtotal	7,000.00
				Tax	0.00
		-		Invoice Total	7,000.00
				Amount Paid	7,000.00
				Amount Due	\$0.00 USD

Invoice #: 0000040 Issued: Jul 8, 2023

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$5,327.64	1	0.00	0.00	\$5,327.64
ADP PAYROLL -RunADPAdmin	\$5,327.64	1	0.00	0.00	\$5,327.64
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
MTDC 10% MINIMUS	\$8,961.87	1	0.00	0.00	\$8,961.87
5-Day Motel Voucher Program	\$1,000.00	1	0.00	0.00	\$1,000.00
1-Day Motel Voucher Program	\$200.00	1	0.00	0.00	\$200.00
Emergency Clothing	\$200.00	4	0.00	0.00	\$800.00
Emergency Clothing	\$150.00	1	0.00	0.00	\$150.00
Emergency Clothing	(\$950.00)	1	0.00	0.00	(\$950.00)
Emergency Clothing	\$200.00	13	0.00	0.00	\$2,600.00
Emergency Clothing	(\$200.00)	13	0.00	0.00	(\$2,600.00)
Rental Assistance Program	\$1,000.00	15	0.00	0.00	\$15,000.00
Emergency Visa Gift Card	\$200.00	7	0.00	0.00	\$1,400.00

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
Emergency Visa Gift Card Activation Fee	\$6.95	7	0.00	0.00	\$48.65
Emergency Amazon Gift Card	\$300.00	7	0.00	0.00	\$2,100.00
Petty Cash Fund	\$200.00	17	0.00	0.00	\$3,400.00
Petty Cash Fund ANONYMOUS DEBIT PURCHASES	\$142.48	1	0.00	0.00	\$142.48
Petty Cash Fund ANONYMOUS DEBIT PURCHASES	\$118.20	1	0.00	0.00	\$118.20
				Subtotal	43,337.31
				Tax	0.00
				Invoice Total	43,337.31
				Amount Paid	43,337.31
		=		Amount Due	\$0.00 USD

Invoice #: 0000041 Issued: Aug 3, 2023

Line Total	Tax 2	Tax 1	Quantity	Rate	Description
\$0.00	0.00	0.00	1	\$0.00	CALIFORNIA OFFICE OF EMERGENCY SERVICES
\$5,728.77	0.00	0.00	1	\$5,728.77	ADP PAYROLL -RunADPAdmin
\$5,728.76	0.00	0.00	1	\$5,728.76	ADP PAYROLL -RunADPAdmin
\$310.83	0.00	0.00	1	\$310.83	ADP PAYROLL -RunADPAdmin
\$12,004.84	0.00	0.00	1	\$12,004.84	MTDC 10% MINIMUS
\$573.00	0.00	149.82231 Occupancy (SAC)	3	\$191.00	3-Day Motel Voucher Program
\$306.00	0.00	96.6807 Occupancy (LA)	3	\$102.00	3-Day Motel Voucher Program
\$5,600.00	885.08 Airbnb Service	249.984 Airbnb Cleaning	7	\$800.00	7-Day Motel Voucher Program
\$5,256.02	743.7793902 Airbnb Service2	274.9949664 Airbnb Cleaning	7	\$750.86	7-Day Motel Voucher Program
\$2,000.00	0.00	0.00	10	\$200.00	Emergency Clothing
\$2,000.00	0.00	0.00	10	\$200.00	Emergency Clothing
(\$2,000.00)	0.00	0.00	10	(\$200.00)	Emergency Clothing

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
Rental Assistance Program	\$1,000.00	10	0.00	0.00	\$10,000.00
Emergency Visa Gift Card	\$200.00	10	0.00	0.00	\$2,000.00
Emergency Visa Gift Card Activation Fee	\$6.95	10	0.00	0.00	\$69.50
Emergency Amazon Gift Card	\$300.00	10	0.00	0.00	\$3,000.00
Petty Cash Fund	\$200.00	1	0.00	0.00	\$200.00
				Subtotal	52,777.71
			Occupancy (S	AC) (26.147%)	149.82
			Occupancy (LA) (31.595%)	96.68
			Airbnb Clea	ning (4.464%)	249.98
			Airbnb Serv	vice (15.805%)	885.08
			Airbnb Clea	ning (5.232%)	274.99
			Airbnb Servi	ce2 (14.151%)	743.78
				Invoice Total	55,178.05
				Amount Paid	55,178.05
		:		Amount Due	\$0.00 USD

Invoice #: 0000043 Issued: Sep 16, 2023

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$3,818.07	1	0.00	0.00	\$3,818.07
ADP PAYROLL -RunADPAdmin	\$3,818.08	1	0.00	0.00	\$3,818.08
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
MTDC 10% MINIMUS	\$5,266.00	1	0.00	0.00	\$5,266.00
Emergency Clothing	\$200.00	14	0.00	0.00	\$2,800.00
Rental Assistance Program	\$14,000.00	1	0.00	0.00	\$14,000.00
Emergency Visa Gift Card	\$200.00	1	0.00	0.00	\$200.00
Emergency Visa Gift Card Activation Fee	\$6.95	1	0.00	0.00	\$6.95
Petty Cash Fund	\$50.00	1	0.00	0.00	\$50.00

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CRN NEVADA CREDIT RESTORATION & ACCOUNTING - CPA	\$2,500.00	1	0.00	0.00	\$2,500.00
MARKETING CONSULTANT	\$4,720.00	1	0.00	0.00	\$4,720.00
				Subtotal	37,489.93
				Tax	0.00
				Invoice Total	37,489.93
				Amount Paid	37,489.93
		=		Amount Due	\$0.00 USD

Invoice #: 0000044 Issued: Oct 3, 2023

Issued: Oct 3, 2023 Status: Paid

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$5,011.34	1	0.00	0.00	\$5,011.34
ADP PAYROLL -RunADPAdmin	\$5,011.34	1	0.00	0.00	\$5,011.34
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
ADP PAYROLL -RunADPAdmin	\$168.95	1	0.00	0.00	\$168.95
MTDC 10% MINIMUS	\$8,160.07	1	0.00	0.00	\$8,160.07
Rental Assistance Program	\$1,000.00	10	0.00	0.00	\$10,000.00
Emergency Clothing	\$200.00	10	0.00	0.00	\$2,000.00
CRN NEVADA CREDIT RESTORATION AND ACCOUNTING - CPA	\$2,500.00	1	0.00	0.00	\$2,500.00
				Subtotal	33,473.36
				Tax	0.00

33,473.36	Subtotal
0.00	Tax
33,473.36	Invoice Total
33,473.36	Amount Paid
\$0.00	Amount Due

USD

Invoice #: 0000045 Issued: Oct 7, 2023

Status: Overdue

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$7,333.78	1	0.00	0.00	\$7,333.78
ADP PAYROLL -RunADPAdmin	\$7,333.78	1	0.00	0.00	\$7,333.78
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
Rental Assistance Program	\$1,000.00	15	0.00	0.00	\$15,000.00
Emergency Visa Gift Card	\$200.00	15	0.00	0.00	\$3,000.00
Emergency Visa Gift Card Activation Fee	\$6.95	10	0.00	0.00	\$69.50
Emergency Amazon Gift Card	\$300.00	15	0.00	0.00	\$4,500.00
				Subtotal	37,547.89
				Tax	0.00
				Invoice Total	37,547.89
		_		Amount Paid	900.00
		-		Amount Due	\$36,647.89 USD

Invoice #: 0000046

Issued: Oct 7, 2023

Description	Rate	Quantity	Tax 1	Tax 2	Line Total
CALIFORNIA OFFICE OF EMERGENCY SERVICES	\$0.00	1	0.00	0.00	\$0.00
ADP PAYROLL -RunADPAdmin	\$3,666.89	1	0.00	0.00	\$3,666.89
ADP PAYROLL -RunADPAdmin	\$3,666.89	1	0.00	0.00	\$3,666.89
ADP PAYROLL -RunADPAdmin	\$310.83	1	0.00	0.00	\$310.83
Rental Assistance Program	\$1,000.00	10	0.00	0.00	\$10,000.00
Emergency Visa Gift Card	\$200.00	15	0.00	0.00	\$3,000.00
Emergency Visa Gift Card Activation Fee	\$6.95	15	0.00	0.00	\$104.25
3-Day Motel Voucher Program	\$200.00	3	0.00	0.00	\$600.00
Emergency Amazon Gift Card	\$300.00	15	0.00	0.00	\$4,500.00
Emergency Clothing	\$127.77	1	0.00	0.00	\$127.77
				Subtotal	25,976.63

0.00	Tax
25,976.63	Invoice Total
0.00	Amount Paid
\$25,976.63 USD	Amount Due

Invoice #: 0000047 Issued: Oct 7, 2023

Status: Overdue

USD

Status, Overdue					15Sued: Oct 7, 2023
Line Tota	Tax 2	Tax 1	Quantity	Rate	Description
\$0.00	0.00	0.00	1	\$0.00	CALIFORNIA OFFICE OF EMERGENCY SERVICES
\$3,666.89	0.00	0.00	1	\$3,666.89	ADP PAYROLL -RunADPAdmin
\$3,666.89	0.00	0.00	1	\$3,666.89	ADP PAYROLL -RunADPAdmin
\$296.79	0.00	0.00	1	\$296.79	ADP PAYROLL -RunADPAdmin
\$546.65	0.00	0.00	13	\$42.05	ADP PAYROLL -RunADPAdmin
8,177.22	Subtotal				
0.00	Tax				
8,177.22	Invoice Total				
0.00	Amount Paid				
\$8,177.22	Amount Due		=		

Payments Collected

Ark of Refuge, Inc All Methods of Payment For Jan 1, 2023 - Dec 31, 2023



Summary

Total Payments Collected (USD)

\$306,500.19 USD

(* Payments applied from credit do not count towards totals)

Payments

Date	Client	Method	Description	Payment for	Amount
12/04/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000040, 65-840523	Credit 0000023	\$0.69 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	65-840523	Invoice 0000040	\$464.31 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000044, 65-840526	Credit 0000022	\$0.64 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	65-840526	Invoice 0000044	\$33,473.36 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000043, 65-840525	Credit 0000021	\$0.07 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	65-840525	Invoice 0000043	\$37,489.93 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000041, 65-840524	Credit 0000020	\$0.95 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	65-840524	Invoice 0000041	\$1,920.05 USD
12/04/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000043	Credit 0000019	\$0.07 USD

Date	Client	Method	Description	Payment for	Amount
09/16/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000041	\$53,258.00 USD
09/16/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000040	\$42,873.00 USD
07/18/2023	CAL OES (XD) Domestic Violence	Other		Credit 0000015	\$13,591.00 USD
07/07/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000033	Credit 0000013	\$0.66 USD
07/07/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000033	\$37,931.34 USD
07/07/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000036	Credit 0000012	\$0.96 USD
07/07/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000036	\$22,044.04 USD
06/26/2023	CAL OES (XD) Domestic Violence	Credit		Invoice 0000038	\$7,000.00 USD *
06/24/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000035	\$19,120.00 USD
05/30/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000026	\$23,753.81 USD
05/24/2023	CAL OES (XD) Domestic Violence	Check	Overpayment: invoice #0000026	Credit 0000009	\$7,000.00 USD
05/24/2023	CAL OES (XD) Domestic Violence	Check		Invoice 0000027	\$13,577.31 USD
01/31/2023	CAL OES (XD) Domestic Violence	Credit		Invoice 0000026	\$13,591.00 USD *

Accounts Aging

Ark of Refuge, Inc Amounts Outstanding (USD) As of December 31, 2023

Total	\$0.00	\$0.00	\$71,701.74	\$0.00	\$71,701.74
C CAL OES (XD) Domestic Violence First Program	0.00	0.00	71,701.74	0.00	71,701.74
Client▲	0-30 Days	31-60 Days	61-90 Days	90+ Days	Total

Profit and Loss

Ark of Refuge, Inc Income Collected (USD) For Jan 1, 2023 - Dec 31, 2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Tota
Income (Collected)*													
Sales	13,591.00	0.00	0.00	0.00	37,331.12	26,120.00	60,575.38	7,000.00	97,064.20	0.00	400.00	73,264.13	315,345.82
Payment	13,591.00	0.00	0.00	0.00	37,331.12	26,120.00	60,575.38	7,000.00	97,064.20	0.00	400.00	73,264.13	315,345.82
> Less Cost of Goods Sold	11,813.87	15,466.74	16,611.86	0.00	0.00	10,711.29	10,966.11	11,768.36	7,946.98	10,813.29	14,978.39	7,644.61	118,721.50
Gross Profit	\$1,777.13	(\$15,466.74)	(\$16,611.86)	\$0.00	\$37,331.12	\$15,408.71	\$49,609.27	(\$4,768.36)	\$89,117.22	(\$10,813.29)	(\$14,578.39)	\$65,619.52	\$196,624.32
Gross Margin	13.08%	0%	0%	0%	100%	58.99%	81.90%	(68.12%)	91.81%	0%	(3644.60%)	89.57%	62.35%
Less Expenses													
	41,586.96	2,600.00	423.00	0.00	0.00	1,009.65	33,821.20	43,009.36	37,203.02	0.00	22,569.50	18,332.02	200,554.71
- Advertising	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,720.00	0.00	0.00	0.00	4,720.00
Courtesy Card Pro	0.00	0.00	0.00	0.00	0.00	0.00	1,400.00	5,069.50	206.95	0.00	7,569.50	7,604.25	21,850.20
Emergency Clothi	19,491.00	0.00	0.00	0.00	0.00	1,000.00	3,550.00	4,000.00	4,800.00	0.00	0.00	127.77	32,968.77
Emergency Trans	0.00	0.00	0.00	0.00	0.00	0.00	48.65	0.00	0.00	0.00	0.00	0.00	48.65
MTDC Operationa	9,804.95	2,600.00	0.00	0.00	0.00	0.00	8,961.87	12,004.84	13,426.07	0.00	0.00	0.00	46,797.73
Motel Voucher Pr	0.00	0.00	0.00	0.00	0.00	0.00	1,200.00	11,735.02	0.00	0.00	0.00	600.00	13,535.02
Operating (gener	7,000.00	0.00	423.00	0.00	0.00	9.65	0.00	0.00	0.00	0.00	0.00	0.00	7,432.65
Petty Cash Fund	0.00	0.00	0.00	0.00	0.00	0.00	3,660.68	200.00	50.00	0.00	0.00	0.00	3,910.68
Rental Assistance	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	10,000.00	14,000.00	0.00	15,000.00	10,000.00	64,000.00
L Supplies	5,291.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,291.01
♂ Other Expenses	0.00	1,322.00	3,250.00	0.00	0.00	7,000.00	0.00	0.00	0.00	0.00	0.00	0.00	11,572.00
- Abatements	0.00	0.00	3,250.00	0.00	0.00	7,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,250.00
Business Insuran	0.00	1,322.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,322.00
Professional Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
- Accounting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	0.00	0.00	5,000.00
Total Expenses	\$41,586.96	\$3,922.00	\$3,673.00	\$0.00	\$0.00	\$8,009.65	\$33,821.20	\$43,009.36	\$42,203.02	\$0.00	\$22,569.50	\$18,332.02	\$217,126.71 USD
Net Profit	(\$39,809.83)	(\$19,388.74)	(\$20,284.86)	\$0.00	\$37,331.12	\$7,399.06	\$15,788.07	(\$47,777.72)	\$46,914.20	(\$10,813.29)	(\$37,147.89)	\$47,287.50	(\$20,502.39) USD

Profit and Loss

Ark of Refuge, Inc Income Collected (USD) For Jan 1, 2023 - Dec 31, 2023

		Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Year Total
Inco	ome (Collected)*					
	Sales	13,591.00	63,451.12	164,639.58	73,664.13	315,345.82
	Payment	13,591.00	63,451.12	164,639.58	73,664.13	315,345.82
>	Less Cost of Goods Sold	43,892.47	10,711.29	30,681.45	33,436.29	118,721.50
Gross Profit		(\$30,301.47)	\$52,739.83	\$133,958.13	\$40,227.84	\$196,624.32
Gros	ss Margin	(222.95%)	83.12%	81.36%	54.61%	62.35%
Less	s Expenses					
8	Operating	44,609.96	1,009.65	114,033.58	40,901.52	200,554.71
	L Advertising	0.00	0.00	4,720.00	0.00	4,720.00
	L Courtesy Card Program	0.00	0.00	6,676.45	15,173.75	21,850.20
	Emergency Clothing Program	19,491.00	1,000.00	12,350.00	127.77	32,968.77
	Emergency Transportation Pro	0.00	0.00	48.65	0.00	48.65
	MTDC Operational Expenses	12,404.95	0.00	34,392.78	0.00	46,797.73
	L Motel Voucher Program	0.00	0.00	12,935.02	600.00	13,535.02
	L Operating (general)	7,423.00	9.65	0.00	0.00	7,432.65
	L Petty Cash Fund	0.00	0.00	3,910.68	0.00	3,910.68
	L Rental Assistance Program	0.00	0.00	39,000.00	25,000.00	64,000.00
	L Supplies	5,291.01	0.00	0.00	0.00	5,291.01
45	Other Expenses	4,572.00	7,000.00	0.00	0.00	11,572.00
	L Abatements	3,250.00	7,000.00	0.00	0.00	10,250.00
	L Business Insurance	1,322.00	0.00	0.00	0.00	1,322.00

	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Year Total
🖨 Professional Services	0.00	0.00	5,000.00	0.00	5,000.00
- Accounting	0.00	0.00	5,000.00	0.00	5,000.00
Total Expenses	\$49,181.96	\$8,009.65	\$119,033.58	\$40,901.52	\$217,126.71 USD
Net Profit	(\$79,483.43)	\$44,730.18	\$14,924.55	(\$673.69)	(\$20,502.39) USD

^{*}Deposit payments are recorded as income upon receipt. (Collected based report only)