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TIN: 95-4309251 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

			Do not enter socia	al security numbers on this form	as it may	/ be made ¡	oublic.		
		f the Treasury nue Service	Go to <u>www.irs.go</u>	v/Form990 for instructions a	nd the la	itest infor	mation.		Open to Public Inspection
A Fo	or th	e 2023 d	calendar year, or tax year begin	ning 01-01-2023 , and endi	ng 12-3	1-2023			
B Che	ck if a	applicable: change	C Name of organization	<u>-</u>			D Employ 95-4309		cation number
O Init	ial re	_	Doing business as						
_		d return		ail is not delivered to street address)	Room/sui	ite	E Telephon	e number	
		ion pending	g 45134 N Sierra Highway		, , ,		(661) 9	40-5272	
			City or town, state or province, cou Lancaster, CA 93534	ntry, and ZIP or foreign postal code			G Gross re	ceipts \$ 98	4,258
			F Name and address of principal	al officer:		H(a) Is	this a group ref	turn for	
			Jeremy Johnson 45134 N Sierra Highway			sul	oordinates?		☐Yes ✓No
			Lancaster, CA 93534			H(b) Are	e all subordinat	es	☐ Yes ☐No
I Tax	-exer	mpt status:	: 501(c)(3) 501(c)()(in	sert no.) 4947(a)(1) or	E27		luded? 'No," attach a l	ist Saa ii	
J W	ebsi	te: gra	aceresources.org	sert (10.) — 4947(a)(1) (1	327		oup exemption		instructions.
K Forn	n of o	organization	n: Corporation Trust Asso	ciation Other		L Year of fo	rmation: 1991	M State o	of legal domicile: CA
Pa	rt I	Sum	nmary						
Governance	1	Briefly de	escribe the organization's mission of le food, shelter, clothing, medical a		eed to th	e thousand	s of needy and	homeles	s people living in
Ner.	_								
Ğ			nis box U of voting members of the governia	ng hody (Part VI, line 1a)				3	12
Activities &	4		of independent voting members o	, , , ,			•	4	11
iles			mber of individuals employed in ca		,		•	5	9
Ξ	6		mber of volunteers (estimate if ne	, , ,	•		•	6	450
Ac							• •	7a	0
			related business revenue from Par				•	7a 7b	
	D	Net unre	elated business taxable income from	11 FORTH 990-1, Part 1, line 11 .	• •		 Dulau Vaan		C
		Ckik	tions and supply (Dort) (III line th			· '	Prior Year		Current Year
3			utions and grants (Part VIII, line 1h)				692,0	33	902,918
Revenue			service revenue (Part VIII, line 2g					00	
å			ent income (Part VIII, column (A),		•		34,5	89	18,949
			evenue (Part VIII, column (A), lines		- 12\		726,6		52,415 974,282
			venue—add lines 8 through 11 (mu				720,0	30	
			and similar amounts paid (Part IX,						0
			paid to or for members (Part IX, c						0
88			, other compensation, employee be		5 5-10)		484,4	60	510,414
Expens(onal fundraising fees (Part IX, colu	, ,,	•				0
ਲੋ			draising expenses (Part IX, column (D),	· · · · · · · · · · · · · · · · · · ·	_		252.0	20	244.256
Seemed.			kpenses (Part IX, column (A), lines	*	•		253,8		314,256
			penses. Add lines 13–17 (must equ				738,2		824,670
or se s	19	Revenue	e less expenses. Subtract line 18 fr	om line 12	•	Beginni	-11,6 ng of Current Ye		149,612 End of Year
Net Assets or Fund Balances	20	Total	cots (Dort V. Erra 10)				000.7	00	1 1 1 0 000
Ass Be			sets (Part X, line 16)		•		992,7		1,140,028
und			bilities (Part X, line 26)				138,5	_	136,264
			ets or fund balances. Subtract line	ZI from line 20	•		854,1	52	1,003,764
Under	edge	alties of pears	nature Block perjury, I declare that I have exam ef, it is true, correct, and complete						
				<u> </u>		20)24-05-15		
Sign			re of officer				nte		-
Here			cNett Treasurer print name and title						
			Print/Type preparer's name	Preparer's signature	D	ate		PTIN P00843792	
Paic	ı						self-employed		
Prep		e i	Firm's name Bruneau & Co CPA A Pro	fessional Corporat			Firm's EIN 93-32	203800	
Use	Or	ıly	Firm's address 41250 12th St W Suite F			+	Phone no. (661) 9	952-5476	
							(001)	3.70	
			Palmdale, CA 93551						

	Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y			0 (2023)
	Page 2			
orm	990 (2023)			Page 2
Pa	Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response or note to any line in this Part III			
_	ovide food, shelter, clothing, medical assistance and other immediate need to the thousands of needy and homeless peo	ole livin	g in our	area.
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?	□ Y	es 🔽	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		Yes 🗸	١
	services?		Yes 🔽	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	ed bv e	kpenses	
	Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 713,977 including grants of \$) (Revenue \$)	
7 a	Our mission is to help people know Jesus by providing food and services to those in need. Those served are the homeless, the impoverish		e working	
	Services offered include grocery distribution, hot meal service, family monitored visits, free clothing, showers, diapers and wipes, hygiene	items and	d mail ser	vice.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 713,977			0 (2023)
		r	orm 99	U (2023)
	Page 3			
orm	990 (2023)			Page 3
Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			No
	for public office? If "Yes," complete Schedule C, Part 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 "Yes," complete Schedule C, Part II</i>			
_		4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right oprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No

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	Page 4			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	orm 99	No 0 (2023
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
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	Yes	
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? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 If If Yes," complete Schedule D, Part IX	11d		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	·· r ··· · · · · · · · · · · ·			

I al	checkist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
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		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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):			
_	A current or former officer director tructee, key employee, creator or founder or substantial contributor? If "Ves."	i l	ı	

	consists Catadyla I Bod IV				
	complete Schedule L, Part IV	28a		No	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No	
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		No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
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	Yes	_	
Pa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Yes	0 (2023)	
			01111 991	U (2023)	
	Page 5				
Form	990 (2023)			_	
				Page 5	
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5	
	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			Page 5	
2a	Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and	2b		Page 5	
2a b	Statements Regarding Other IRS Filings and Tax Compliance (continued) 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	2b 3a			
2a b 3a	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			No	
2a b 3a b	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	3a		No	
2a b 3a b	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	3a 3b		No No	
2a b 3a b 4a b	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	3a 3b		No No	
2a b 3a b 4a b	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	3a 3b 4a 5a		No No	
2a b 3a b 4a b	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	3a 3b 4a		No No No	
2a b 3a b 4a b 5a c	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	3a 3b 4a 5a 5b		No No No	
2a b 3a b 4a b 5a c 6a	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	3a 3b 4a 5a 5b		No No No No	
2a b 3a b 4a b c 6a b	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	3a 3b 4a 5a 5b 5c 6a		No No No No	
2a b 3a b 4a b c 6a b	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	3a 3b 4a 5a 5b 5c 6a 6b		No No No No	
2a b 3a b 4a b c 6a b 7 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided?	3a 3b 4a 5a 5b 5c 6a 6b		No No No No	
2a b 3a b 4a b c 6a b 7 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	3a 3b 4a 5a 5b 5c 6a 6b		No No No No	
2a b 3a b 4a b 5a b c 6a b 7 a b c	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b		No No No No No	
2a b 3a b 4a b c 6a b 7 a b c d	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	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b		No No No No No	
2a b 3a b 4a b 5a c 6a b 7 a b c	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 It is return. Giled for the calendar year ending with or within the year covered by It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file fo	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c		No No No No No No No No	
2a b 3a b 4a b 5a c 6a b 7 a b c d e f g	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. 2	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c		No No No No No No No No	
2a b 3a b 4a b 5a c 6a b 7 a b c d e f g	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 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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)? If "Yes," here the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year Other organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c		No	
2a b 3a b 4a b 5a c 6a b 7 a b c d e f g	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. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organiz	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7e 7f 7g 7h		No	
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2a b 3a b 4a b c 6a b 7 a b c d e f g h 8	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. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organiz	3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c 7e 7f 7g 7h		No	

	Did the appropring organization make any taxable algunotions under section 1500.			
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	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
L 7	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? If "Yes," complete Form 6069.	17		
	, _{press}	F	orm 99	0 (2023
	Page 6			
	000 (2023)			-
	990 (2023)			Page
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	io" resp	oonse to	1
				~
	Check if Schedule O contains a response or note to any line in this Part VI			•
Se	Check if Schedule O contains a response or note to any line in this Part VI			
	ection A. Governing Body and Management		Yes	No
	· · · · · · · · · · · · · · · · · · ·		1	
	ection A. Governing Body and Management		1	
1a	Enter the number of voting members of the governing body at the end of the tax year 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		1	
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1a	In Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	1	
1a b 2	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	2	1	No No
1a b 2 3 4	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2 3 4	1	No No No
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1a b 2 3	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2 3 4	1	No No No
1a b 2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	2 3 4 5	1	No No No No
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1a b 2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes	No No No No No
1a b 2 3 4 5 6 7a b 8 a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	2 3 4 5 6 7a 7b	1	No No No No No No
1a b 2 3 4 5 6 7a b 8 a b	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No
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1a b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O	2 3 4 5 6 7a 7b	Yes	No No No No No No
1a b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes	No No No No No No No
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1a b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Did the organization have local chapters, branches, or affiliates?	2 3 4 5 6 7a 7b	Yes Yes	No No No No No No No
1a b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue	2 3 4 5 6 7a 7b	Yes Yes	No N
1a b 2 3 4 5 6 7a b 8 a b 9	In Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes	No N
1a b 2 3 4 5 6 7a b 8 a b 9 Se 10a b 111a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib I1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities	2 3 4 5 6 7a 7b 8a 8b 9 e Code 10a	Yes Yes	No
1a b 2 3 4 5 6 7a b 8 a b 9 See 10a b 11a b	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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?	2 3 4 5 6 7a 7b 8a 8b 9 e Code 10a	Yes Yes	No
1a b 2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b 12a	Inter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body or if the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization have any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations	2 3 4 5 6 7a 7b 8a 8b 9 e Code 10a 10b	Yes Yes	No N
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1a b 2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b 12a c	In Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 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 in Schedule O Did the organization have local chapters, branches, or affiliates? 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? Has the organization have written policies and procedures	2 3 4 5 6 7a 7b 8a 8b 9 e Codd 10a 10b 11a 12a 12b	Yes Yes	No N
b 2 3 1 5 5 7 a b 3 a b b a b b a b c ;	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Parl VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review thi	2 3 4 5 6 7a 7b 8a 8b 9 e Codd 10a 11a 12a 12b 12c	Yes Yes	No N

15 Did the process for determining compens									ndent		
persons, comparability data, and contemparability data, and contemparabilit									. 15	a	No
b Other officers or key employees of the or									. 15	-	No
If "Yes" to line 15a or 15b, describe the p	rocess on Sche	dule O	. See instruction	ns.							
16a Did the organization invest in, contribute taxable entity during the year?									a 16 a	اد	No
b If "Yes," did the organization follow a writ										_	110
in joint venture arrangements under appl status with respect to such arrangements							l the	organization's e	· ·		
Section C. Disclosure						-			161	b	
17 List the states with which a copy of this F	orm 990 is requ	ired to	o be filed								
18 Section 6104 requires an organization to 501(c)(3)s only) available for public inspe									section		
Own website Another's website	_		_								
19 Describe in Schedule O whether (and if so	o, how) the orga	anizati	on made its go						erest		
policy, and financial statements available 20 State the name, address, and telephone		-	•	s the	ord	aniza	tion'	s books and reco	ords:		
Jeremy Johnson 45134 N Sierra Highway										Fe	orm 990 (2023)
										FC	orm 990 (2023)
			Page 7 —								
Form 990 (2023)											Page 7
Part VII Compensation of Officers,	Directors,Tru	ıstee	s, Key Emp	loye	ees	, Hia	hes	t Compensat	ed Emplov	ee	
and Independent Contract	ors			-				-			
Check if Schedule O contains a res Section A. Officers, Directors, Trusto										•	U
1a Complete this table for all persons required										gan	ization's tax
year. • List all of the organization's current office			·				•	-		•	
of compensation. Enter -0- in columns (D), (E),	and (F) if no co	mpen	sation was paid	d.		_		,, -	or unioune		
 List all of the organization's current key er List the organization's five current highest 									/ emnlovee)		
who received reportable compensation (box 5 o										an	\$100,000 from
the organization and any related organizations. List all of the organization's former officers	s, key employee	s, or h	nighest compen	isate	d e	mploy	ees	who received mo	ore than \$100	,00	10
of reportable compensation from the organization	on and any relat	ed org	ganizations.								
and the collection of the coll		11					٠.				
 List all of the organization's former directorganization, more than \$10,000 of reportable 									rustee of the		
organization, more than \$10,000 of reportable of	compensation fr	om th							rustee of the		
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization n	compensation fr t the persons al or any related o	om th	e organization zation compens	and sated	any	relat	ed o	rganizations. officer, director, o	or trustee.		(5)
organization, more than \$10,000 of reportable or See the instructions for the order in which to lis	compensation fr t the persons al or any related of (B) Average	om thoove. organiz Pos	e organization zation compens (C) ition (do not ch	and sated	any d an mo	relative y currection rethal	ent n	officer, director, o (D) Reportable	or trustee. (E) Reportable		(F) Estimated
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization n (A)	compensation fr t the persons al or any related of (B)	om thoove. organiz Pos one	e organization zation compens (C)	and sated neck ersor	any d an mo	y curr y curr re tha both a	ent n	officer, director, o	or trustee.	n	
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organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan	compensation frechet the persons all or any related of the persons all or any related of the persons all or any related of the persons all or any related or any hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00	Pos one of Individual trustae	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0	Estimated amount of other compensation from the organization and related organizations
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organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch	compensation fr t the persons al or any related of (B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00	om the coverage of the coverag	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director	compensation fr t the persons al or any related of (B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 1.00	om thoove. Possone of Individual trustae x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood	compensation frechet the persons all or any related of the persons all of the persons and the persons all of the persons	om thoove. Possone of Individual trustae x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to list Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood Director	compensation frechet the persons all or any related of the persons and the persons all of the persons and the persons all of the persons al	om the cove. Possion one of Individual trustee x x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. officer, director, (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to list Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood Director (7) Sonia Lee	compensation fr t the persons al or any related of (B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	om the cove. Possion one of Individual trustee x x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. officer, director, (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to list Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood Director (7) Sonia Lee Director	compensation freche the persons all or any related or any hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	om the cove. Possone one of individual trustee X X	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. officer, director, (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood Director (7) Sonia Lee Director (8) Shawn Caldwell	compensation frechet the persons all or any related of the persons all or any related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.00	om the cove. Possone one of individual trustee X X	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. officer, director, (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis Check this box if neither the organization in (A) Name and title (1) Jeremy Johnson Executive Dir. (2) Janice Forte Board Secretary (3) Bishop Henry Hearns Director (4) Tyrone Jordan Director (5) Andrea Pitsch Director (6) Alisa Wood Director (7) Sonia Lee Director (8) Shawn Caldwell Director	compensation frechet the persons all or any related of the persons and the persons all t	om the cove. Possible of Individual trustee x x x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344 0 0 0 0 0
organization, more than \$10,000 of reportable of See the instructions for the order in which to lis	compensation frechet the persons all or any related of the persons all or any related or any hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00	om the cove. Possible of Individual trustee x x x	e organization zation compens (C) ition (do not ch box, unless per ficer and a dire	and sated neck erson Officer X	mo n is	y curr re tha both a istee)	ent n	rganizations. (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 69,658	r trustee. (E) Reportable compensatio from related organization (W-2/1099-MISC/1099-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation from the organization and related organizations 25,344 0 0 0 0 0

	Jeremy Hartley			1.	00	· ·									0			0			
Presid	dent			0.	00	Х				Х					0			U		0	
	Velo Wright			1.	00	V				<					0			0			
	President		•	0.		Х				Х					0			0		0	
	Sean Appleton			1.																	
Direc	tor			0.		Х									0			0		0	
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							Pag	je 8													
Form	990 (2023)																			Page 8	
Pa	rt VII Section A. Officers,	Directors	, Tru	ustees,	Ke	y En	nploy	/ees	s, aı	nd Hi	ghe	est C	Com	pensated	l Emp	loyees	(cont	tinued,)		
	(A)	(B)					(C)						((D)		(E)			(F)		
	Name and title	Averag hours p		Position box, u										ortable ensation		eportable npensati		Est amou	timat nt of		
		week (li any hou			and	d a d	irecto	,				orc		m the ation (W-		om relate ganization			pensa om th		
		for relat	ed	Indi-	D)	+:++	ional	Officer	Κey	High emp	Former	мт	2/:	1099- .099-NEC)	(V	V-2/1099 C/1099-N)-	organ		n and	
		below do		dividual t		stee		ĕ	emp	lest loye	ner	1115	<i>3</i> C/ 1	.099-NLC)	MISC	J/ 1033-IV	iLC)		nizat		
		line)		Individual trustee or director					Key employee	Highest compensat employee											
				edel					9	pen											
				Φ						sate											
										ed	_										
											<u> </u>										
	Sub-Total			ection A		•					F										
	Total from continuation sneet Total (add lines 1b and 1c) .		•								\int			69,658						25,344	
2	Total number of individuals (in	cluding but	not	limited to			isted	abo	ve) ı	who r	ecei	ved n	nore	than \$100	0,000						
	of reportable compensation fro	m the orga	ınizat	tion 0																	
	B. I. I.																	Ye	s	No	
3	Did the organization list any fo line 1a? <i>If "Yes," complete Sch</i>						, key	emp •	loye	e, or	nigh •	nest o	comp	ensated e	mploy •	ee on	3			No	
4	For any individual listed on line						mpen	satir	י בחר	nd oth	ner 4	omn	ensa	ation from	the		3			No	
	organization and related organ																				
	individual		•		•	•		•	•	•	•	•	•		•	•	4			No	
5	Did any person listed on line 1 services rendered to the organ											-		on or indiv	idual f	or •	_			N	
-				compie	3	2.700	J.C J			pc130		- •		•		•	5			No	
1	cction B. Independent Cor Complete this table for your five	e highest o	comp														mpen	sation			
	from the organization. Report	compensati																	(C)		
		Name and b		ss address	s									Descri		services		Com	npensa	tion	
													+								
													\dashv								

2 Total number of independent contractors (include	ding but not limited	d to those listed abo	ve) who received me	ore than \$100,000 o	f
compensation from the organization 0					Form 990 (2023)
					FORM 990 (2023)
		Page 9			
		rage 5			
form 990 (2023)					Page 9
Part VIII Statement of Revenue					
Check if Schedule O contains a response	onse or note to any				<u> U</u>
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			exempt function	business revenue	excluded from tax under sections
			revenue	revenue	512 - 514
Federated campaigns 1a					
Contributions,					
Membership dues 1b					
OtherAmt Similar					
រកិត្តក្រុមទៅraising events <u>1c</u>					
6,697					
d Related organizations 1d					
- Covernment grants (sentribution-)					
e Government grants (contributions) 1e					
283,595 f All other contributions, gifts, grants,					
and similar amounts not included					
above					
612,626					
g Noncash contributions included in lines 1a - 1f:\$					
5_					
h Total. Add lines 1a-1f	902,918				
	Business Code				
2a					
<u> </u>					
,					
æ					
gram Service Revenue					
- Ser					
E .					
E .					
PP					
f All other program service revenue.					
9 Total. Add lines 2a–2f	0				
3 Investment income (including dividends, into	erest, and other	10.040			19.040
similar amounts)		18,949			18,949
4 Income from investment of tax-exempt bond	1 proceeds	0			
5 Royalties	(1) 5	0			
(i) Real	(ii) Personal				
6a Gross rents 6a					
b Less: rental 6b expenses					
c Rental income or 6c					
(loss) d Net rental income or (loss)		0			
(i) Securities	(ii) Other				
7a Gross amount 7a	(ii) Other				
from sales of					
assets other than inventory					
other basis and sales expenses					
b Less: cost or other basis and sales expenses c Gain or (loss) 7b 7c					
		T			
d Net gain or (loss)		0			
Gross income from fundraising events (not including \$ of					
contributions reported on line 1c).					
See Part IV, line 18 8a	34,769				
b Less: direct expenses 8b	9,976				
c Net income or (loss) from fundraising event	IS	24,793			24,793

!	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	9a 9b				
	c Net income or (loss) from gaming ac	tivitie	S	0		
	Γ	—	-			
	10a Gross sales of inventory, less returns and allowances	10a	26,423			
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of in	ventor	у	26,423	26,423	
			Business Code			
	11a _{Miscellaneous} Income		900099	1,199	1,199	
	b					
Oth	er f evenueMiscAmt					
	d All other revenue	<u> </u>				
	e Total. Add lines 11a-11d			1,199		
	12 Total revenue. See instructions .			974,282	27,622	43,742
						Form 990 (2023)

	974,282	27,62	2	43,74
				Form 990 (2023
	Page 10			
orm 990 (2023)				Page 1
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. <i>i</i>	All other organization	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX		<u>.</u>	\square
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	95,002	47,501	47,501	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	301,303	301,303		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	85,365	85,365		
LO Payroll taxes	28,744	25,063	3,681	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	27,679		27,679	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0		_	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,772	21,772		
12 Advertising and promotion	14,295			14,29
.3 Office expenses	29,255	27,161	2,094	
4 Information technology	0			
L5 Royalties	0			
L 6 Occupancy	53,924	50,065	3,859	
L 7 Travel	24,692	22,925	1,767	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
L9 Conferences, conventions, and meetings	1,486		1,486	
20 Interest	3,922	3,641	281	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,737	6,255	482	

	-			c 00c	10.001		F 0.45	
		rance		.6,836	10,891		5,945	
		r expenses. Itemize expenses not covered above (Li ellaneous expenses in line 24e. If line 24e amount	IST					
		eds 10% of line 25, column (A) amount, list line 246 nses on Schedule O.)	е					
		d and meals	11	1,871	111,871			
_					·			
b	Dev	relopment expense		944			944	
c	Due	es and subscriptions		587			587	
d	Sup	pplies		164	164			
_								
_		other expenses	97	92	713,977		92	14,295
26	Joint repor educa	I functional expenses. Add lines 1 through 24e t costs. Complete this line only if the organization ted in column (B) joint costs from a combined attional campaign and fundraising solicitation. Check		.4,070	713,377	<u> </u>	50,358	14,233
-		if following SOP 98-2 (ASC 958-720).						Form 990 (2023
			Page 11					
			Page 11					
orm	990	(2023)						Page 1
Pa	rt X	Balance Sheet						_
		Check if Schedule O contains a response or note t	to any line in this Pa	rt IX		<u> </u>		0
					(A) Beginning of year			(B) End of year
	1	Cash-non-interest-bearing			625	340 1		97,578
	2	Savings and temporary cash investments				2		675,709
	3	Pledges and grants receivable, net				3		0
	4	Accounts receivable, net				4		0
	5	Loans and other receivables from any current or for						
	6	trustee, key employee, creator or founder, substar controlled entity or family member of any of these Loans and other receivables from other disqualifie	e persons d persons (as define			5		C
		section 4958(f)(1)), and persons described in sect	tion 4958(c)(3)(B) .			6		0
2	7	Notes and loans receivable, net				7		С
ssets	8	Inventories for sale or use				8		C
As	9	Prepaid expenses and deferred charges				9		С
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	L0a	502,529				
	b	` <u> </u>	юь	135,788	367	360 10 c		366,741
		Investments—publicly traded securities .	I			11		C
	12	Investments—other securities. See Part IV, line 11				12		0
	13	Investments—program-related. See Part IV, line 1	1			13		0
	14	Intangible assets				14		0
	15	Other assets. See Part IV, line 11				15		0
	16	Total assets. Add lines 1 through 15 (must equal	l line 33)		992			1,140,028
	17	Accounts payable and accrued expenses				17		
	18	Grants payable				18		
	19	Deferred revenue	•			19		
	20	Tax-exempt bond liabilities				20		
Liabilities	21 22	Escrow or custodial account liability. Complete Par Loans and other payables to any current or former		stee kov		21		
Ħ	~~	employee, creator or founder, substantial contribut	tor, or 35% controlle					
ä		or family member of any of these persons				22		
	23	Secured mortgages and notes payable to unrelated	·		134			130,546
	24	Unsecured notes and loans payable to unrelated th	•			24		
	25	Other liabilities (including federal income tax, paya and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		parties,	4	189 25		5,718
	26	Total liabilities. Add lines 17 through 25			138	548 26		136,264
Fund Balances		Organizations that follow FASB ASC 958, checkines 27, 28, 32, and 33.	ck here 🔽 and	complete				
sala	27	Net assets without donor restrictions			854			1,003,764
d B	28	Net assets with donor restrictions				28		
	20	Organizations that do not follow FASB ASC 95 complete lines 29 through 33.	•	and				
_	29	Capital stock or trust principal, or current funds				29		
a	30	Paid-in or capital surplus, or land, building or equi		•		30		
As	31	Retained earnings, endowment, accumulated incor	•		e= :	31		4 000 =0
	32	Total net assets or fund balances			854	152 32		1,003,764

2	3	3 lotal liabilities and net assets/fund balances				,140,028
•				F	orm 99	0 (2023)
		Page 12 ————				
orm	, a	90 (2023)				Page 12
Pa						Page 12
		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)	_			974,282
2		Total expenses (must equal Part IX, column (A), line 25)	_			824,670
3 4		Revenue less expenses. Subtract line 2 from line 1	+			149,612 854,152
5		Net unrealized gains (losses) on investments	+			034,132
6		Onated services and use of facilities	+			
7]	investment expenses				
8	ı	Prior period adjustments				
9	(Other changes in net assets or fund balances (explain in Schedule O) 9				
10		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10	丄		1	,003,764
Pa	art	XII Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII	•	•	 Yes	No
1]	Accounting method used to prepare the Form 990:	Ī			
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	١	Were the organization's financial statements audited by an independent accountant?		2b		No
		If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	;,			
		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С		If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
		of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.	2c		
За		As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniforn Guidance, 2 C.F.R. Part 200, Subpart F?	n	3a		No
b		If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
				F	orm 99	0 (2023)
orm	ı 9	90 (2023)				
Ac	dc	litional Data	R	eturi	ı to Fo	orm
		Software ID: 23017517				
·	m	Software Version: 2023v5.0 990, Special Condition Description:				
011	111					
		Special Condition Description				

efile Public Visual Render ObjectId: 202421369349314687 - Submission: 2024-05-15

TIN: 95-4309251

OMB No. 1545-0047

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

art T	he organization rce Center Inc					Employer identific	ation number
sell to A	Reason for Public C	harity Stat	us (All organization	ns must comp	ete this part.)	95-4309251 See instructions.	
	zation is not a private found						
	A church, convention of c	,			` ` ` `	(A)(i).	
	A school described in sec			`	, ,		
	A hospital or a cooperativ		3			•	
	A medical research organ name, city, and state:		<u> </u>	· ·			<u> </u>
	An organization operated 170(b)(1)(A)(iv). (Com			rsity owned or	operated by a gov	ernmental unit descri	bed in section
	A federal, state, or local of		•	escribed in sect	ion 170(b)(1)(<i>A</i>	\)(v).	
	An organization that norm			ts support from	a governmental ι	init or from the gener	al public described in
	section 170(b)(1)(A)(v A community trust descri	bed in sectio	n 170(b)(1)(A)(vi).	•	,		
	An agricultural research of non-land grant college of						ege or university or a
~	An organization that norm from activities related to investment income and u 30, 1975. See section 50	its exempt fui nrelated busii	nctions—subject to cer ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its si	upport from gross
	An organization organized			or public safety.	See section 509	(a)(4).	
	An organization organized more publicly supported on on lines 12a through 12d	organizations	described in section 5	509(a)(1) or s	ection 509(a)(2). See section 509(a	
	Type I. A supporting organization(s) the power	anization ope r to regularly	rated, supervised, or c appoint or elect a majo	controlled by its	supported organi	zation(s), typically by	
	Type II. A supporting organization of the support	ganization su	pervised or controlled i				
	must complete Part IV, Type III functionally in	, Sections A	and C.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	supported organization(s)) (see instruct	tions). You must com	plete Part IV,	Sections A, D, a	nd E.	•
	Type III non-functiona functionally integrated. The						
	instructions). You must	complete Pa	rt IV, Sections A and	D, and Part	<i>I</i> .		
	Check this box if the orga	nization recei					
	integrated, or Type III no				IRS that it is a Ty	pe I, Type II, Type III	functionally
Ente	integrated, or Type III no r the number of supported	n-functionally	integrated supporting	organization.	,		functionally
Prov	r the number of supported ide the following information	n-functionally organizations n about the s	integrated supporting	organization. 		· · · · · · · · · <u> </u>	,
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	supported organization) included on ine 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from ine 4.						
	ection B. Total Support				11.		,
	endar year 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						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
_	business is regularly carried on Other income. Do not include gain or						
0	loss from the sale of capital assets						
	(Explain in Part VI.)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, e	tc. (see instructio	ns)			12	
3	First 5 years. If the Form 990 is for th						ization, check
_	this box and stop here				<u> </u>	▶∪	
	ection C. Computation of Public			(6))		T 44 T	
	Public support percentage for 2023 (lin- Public support percentage for 2022 Sch					14	
	33 1/3% support test—2023. If the o						nox
oa	and stop here. The organization qualif						
b	33 1/3% support test—2022. If the						
_	box and stop here. The organization	-					
7a	10%-facts-and-circumstances test-	-2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "facts		•	-	·	_	
	meets the "facts-and-circumstances" te						
b	10%-facts-and-circumstances test more, and if the organization meets the						
	meets the "facts-and-circumstances" t				-		
3	Private foundation. If the organization						
	instructions						▶□
						Schedule A (F	form 990) 2023
			Page 3				
-he							
C	dule A (Form 990) 2023						Page 3
	dule A (Form 990) 2023 art III Support Schedule fo	r Organization	ns Described in	n Section 509(a)(2)		Page 3
	Support Schedule for (Complete only if you	checked the box	on line 10 of P	art I or if the or	ganization failed		
P	Support Schedule fo (Complete only if you the organization fails t	checked the box	on line 10 of P	art I or if the or	ganization failed		
S	Support Schedule for (Complete only if you the organization fails to ection A. Public Support	checked the box o qualify under	on line 10 of P the tests listed	Part I or if the or below, please co	ganization failed omplete Part II.)) . ,	er Part II. If
Seal	Support Schedule for (Complete only if you the organization fails th	checked the box	on line 10 of P	art I or if the or	ganization failed		
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Sal	Support Schedule for (Complete only if you the organization fails th	checked the box o qualify under	(b) 2020	(c) 2021	ganization failed omplete Part II.) (d) 2022) . ,	er Part II. If
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Seal or 1 2 3 4 5 5 7 a	art III Support Schedule for (Complete only if you the organization fails to the organization fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294	ganization failed complete Part II. (d) 2022 692,035 34,512	(e) 2023 902,918 61,192	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376
Science 1 2 3 4 4 5 6 6 7 a b	art III Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294	ganization failed complete Part II. (d) 2022 692,035 34,512	(e) 2023 902,918 61,192	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376
Solar b	art III Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294	ganization failed complete Part II. (d) 2022 692,035 34,512	(e) 2023 902,918 61,192	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376
Science Scienc	art III Support Schedule for (Complete only if you the organization fails the organization fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294	ganization failed complete Part II. (d) 2022 692,035 34,512	(e) 2023 902,918 61,192	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0
Signal Si	Support Schedule for (Complete only if you the organization fails the organization fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294 52,145	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376
Sal or 1 2 2 3 3 4 5 6 6 8 Sal or 1 5 6 8 Sal or 1 6 8 Sa	Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 1,232,439	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110	er Part II. If (f) Total 4,838,527 147,849 0 4,986,376 0 4,986,376
Scalar 1 2 2 3 3 4 4 5 6 6 7 a b Calor 9	Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883	(c) 2021 1,180,294 52,145 1,232,439	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110	er Part II. If (f) Total 4,838,527 147,849 0 4,986,376 0 4,986,376
Sical (or 1 2 3 4 5 6 7a b c 8 Sical (or 9	Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 (c) 2021 (c) 2021	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110 (e) 2023 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376 (f) Total 4,986,376
Since Control of the	Support Schedule for (Complete only if your the organization fails of the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 1,232,439	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376 (f) Total 4,986,376
Since 1 2 3 4 5 6 7a b Call (or 9	Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 (c) 2021 (c) 2021	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110 (e) 2023 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376 (f) Total 4,986,376
SS Callor 1 2 3 3 4 4 5 6 6 7 a b c 8 Si Callor 9 9 0 0 a	Support Schedule for (Complete only if your the organization fails of the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 (c) 2021 (c) 2021	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110 (e) 2023 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376 (f) Total 4,986,376
SS Callor 2 2 3 3 4 4 5 6 6 7 a b Callor 9 0 0 a	Support Schedule for (Complete only if your the organization fails the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2019 985,397	(b) 2020 1,077,883 1,077,883	(c) 2021 1,180,294 52,145 (c) 2021 (c) 2021	ganization failed property (d) 2022 692,035 34,512 726,547	(e) 2023 902,918 61,192 964,110 (e) 2023 964,110	er Part II. If (f) Total 4,838,527 147,849 0 0 4,986,376 0 4,986,376 (f) Total 4,986,376

11	Net income from unrelated business activities not included on line 10b, whether or not the business is								0
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital					1,1	99		1,199
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	985,397	1,077,883	1,232,449	726,636	984,2	58	5,0	006,623
14	11, and 12.) First 5 years. If the Form 990 is for t	-		•	•		_	-	
	this box and stop heretion C. Computation of Public	Support Percen	ntage					• •	▶∪
15 16	Public support percentage for 2023 (lin Public support percentage from 2022 S					15 16			.600 % .000 %
	ction D. Computation of Invest	ment Income P	ercentage			10		100	.000 /0
L7	Investment income percentage for 20 : Investment income percentage from 2	,	`,	, , ,	,	17		0	.380 %
l8 19a	33 1/3% support tests-2023. If the	· · · · · · · · · · · · · · · · · · ·	•			18 33 1/3%, and	ine 17	is not	
	more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the	d stop here. The or	rganization qualifies	as a publicly s	upported organiza	ation	1	✓	10 io
b	not more than 33 1/3%, check this box								10 15
20	Private foundation. If the organizati	on did not check a	box on line 14, 19a,	or 19b, check	this box and see				
						Schedule A	(Form	990)	2023
			Page 4						
he	ule A (Form 990) 2023							F	Page 4
ar	IV Supporting Organization	ıs						<u> </u>	uge I
	(Complete only if you checked abox 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 of ections A and C. If y	ou checked box 12c,						
Se	ction A. All Supporting Organiz		inplace rate vily						T
Ĺ	Are all of the organization's supported	arganizations listes	d by name in the ora	anization's so	torning document	·~?		Yes	No
	Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an	upported organizati	ions are designated.				1		
	Did the organization have any support	ed organization tha	it does not have an I	RS determinat	ion of status und	er section			
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the org	ganization determine	d that the sup	ported organizati	on was	2		
а	Did the organization have a supported 3c below.	organization descr	ibed in section 501(c	c)(4), (5), or (6	6)? If "Yes," answ	er lines 3b and	—		
b	Did the organization confirm that each	supported organiza	ation qualified under	section 501(c)(4), (5), or (6) a	nd satisfied	3a		-
-	the public support tests under section determination.	509(a)(2)? If "Yes,	" describe in Part VI	I when and ho	w the organizatio	n made the	3b		
С	Did the organization ensure that all su If "Yes," explain in Part VI what contr				section 170(c)(2)(B) purposes?	2-		
а	Was any supported organization not or			supported orga	nization")? If "Ye	s" and if you	3с		
	checked box 12a or 12b in Part I, answ						4a		
b	Did the organization have ultimate cor organization? If "Yes," describe in Par supervised by or in connection with its	t VI how the organ	ization had such con				4b		
С	Did the organization support any foreig 501(c)(3) and 509(a)(1) or (2)? If "Ye to the foreign supported organization	es," explain in Part	VI what controls the	organization	used to ensure th		4c		
5a	Did the organization add, substitute, o	or remove any supp	orted organizations of	during the tax	year? <i>If</i> " <i>Yes," ar</i>		40		
	and 5c below (if applicable). Also, provorganizations added, substituted, or reorganization's organizing document au	emoved; (ii) the rea	asons for each such a	action; (iii) the	authority under	the			
	amendment to the organizing docume	nt).	, ,			·	5a		
b	Type I or Type II only. Was any add organization's organizing document?	ieu or substituted s	upportea organizatio	ııı part or a cla	ss aiready design	ated in the	5b		
С	Substitutions only. Was the substitu		,	-			5c		
•	Did the organization provide support (than (i) its supported organizations, (i supported organizations, or (iii) other organization's supported organizations	 i) individuals that a supporting organiza 	re part of the charita ations that also supp	able class bene	fited by one or m	ore of its			
,		. ,		mont to a cub	ctantial contribut	or (dofined in	6		
	Did the organization provide a grant, lesection 4958(c)(3)(C)), a family member contributor? If "Yes," complete Part I of	ber of a substantial	contributor, or a 35%				7		
	Did the organization make a loan to a complete Part I of Schedule L (Form 9		(as defined in sectio	n 4958) not de	escribed on line 7	? If "Yes,"	8		
9a	Was the organization controlled directl defined in section 4946 (other than for provide detail in Part VI .								
b	Did one or more disqualified persons (organization had an interest? If "Yes,"			interest in an	y entity in which	the supporting	9a		
С	Did a disqualified person (as defined o in which the supporting organization a	n line 9a) have an o	ownership interest in			from, assets	9b		
0a	Was the organization subject to the excertain Type II supporting organization	cess business holdi	ings rules of section	4943 because	of section 4943(f		9c		

			_	
	answer line 10b below.	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	1 990)	2023
	Page 5			
Sche	dule A (Form 990) 2023		ı	Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
S	VI. ection B. Type I Supporting Organizations		<u> </u>	
36	Calon Dr. 17pe 1 Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
	appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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		
6.	ection C. Type II Supporting Organizations		l	j
36	Coon Co Type II Supporting Organizations		Yes	No
1	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			1
			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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			1
-		2		
3	By reason of the relationship described in 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		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	All The Test Assets Provide at 1911 by		ĺ	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			
	Schedule A	3b (Form	1 000	2022
	Schedule A	(i orii	. 250)	, 2023
	Page 6			
	rage o			
Scho	tule A /Form 990) 2023			D
	dule A (Form 990) 2023			Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Vinstructions . All other Type III non-functionally integrated supporting organizations must complete Sections A through		е	
	(A) Prior Voca		rent Yea	ar
	Section A - Adjusted Not Income (A) Pilot real (I)	,		

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 prod	luction or collection of gross	6			
	income or for management, conservation, or maintena	ance of property held for				
	production of income (see instructions)					
	Other expenses (see instructions)		7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from	ı line 4)	8			
	Section B - Minimum Asset Amount			(A) Prior Y	ear	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use ass	ests (see instructions for short	1			
-	tax year or assets held for part of year):	sets (see mistractions for short	1			
а	Average monthly value of securities		1a			_
b	Average monthly cash balances		1b			
С	Fair market value of other non-exempt-use assets		1c			
d	Total (add lines 1a, 1b, and 1c)		1d			
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e 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	4			
_	instructions).	!: 2)	_			
5	Net value of non-exempt-use assets (subtract line 4 fr	om 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			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	e 8, Column A)	1			
2	Enter 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, u	nless subject to emergency	6			
7	temporary reduction (see instructions)	ala Carlana and Carlana III				
,	Check here if the current year is the organizatio instructions)	irs first as a flori-furictionally-	integrate	ed Type III Supp	orting	organization (see
					Sc	nedule A (Form 990) 2023
		Page 7				
Sched	lule A (Form 990) 2023					Page 7
Pai	t V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	izations (con	tinued)	
Sec	tion D - Distributions					Current Year
1 /	Amounts paid to supported organizations to accomplish	exempt purposes			1	
2 /	Amounts paid to perform activity that directly furthers e	exempt purposes of supported	organiz	ations, in	_	
	excess of income from activity		9	,	2	
3 /	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
	Amounts paid to acquire exempt-use assets				4	
	· · ·	1				
5 (Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh	ich the organization is respons	sive (nrc	ovide		
	details in Part VI). See instructions	ich the organization is respons	Sive (pre	, viac	8	
9 1	Distributable amount for 2023 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
10 L	ine o amount divided by Eine 5 amount			(ii)		(iii)
	Continue Block in the second					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution	ıs	Distributable
	(see instructions)	(1) Excess Distributions	Und	derdistribution Pre-2023	ıs	Distributable Amount for 2023
1 D		(1) Excess Distributions	Und		ıs	
2 U	(see instructions) istributable amount for 2023 from Section C, line 6 inderdistributions, if any, for years prior to 2023	(1) Excess Distributions	Unc		ıs	
2 U	(see instructions) istributable amount for 2023 from Section C, line 6	(1) Excess Distributions	Unc		ıs	
2 U (I S	(see instructions) istributable amount for 2023 from Section C, line 6 inderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI). ee instructions. excess distributions carryover, if any, to 2023:	(1) Excess Distributions	Unc		IS	
2 U (I S 3 E a	(see instructions) istributable amount for 2023 from Section C, line 6 inderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI). ree instructions.	(1) Excess Distributions	Unc		IS	

1 Net short-term capital gain

d From 2021.

(optional)

a From 2022			
e From 2022 . f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			-
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.		
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part</i> See instructions.	VI.		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greate than zero, explain in Part VI . See instructions.	ır		
7 Excess distributions carryover to 2024. Add line 3j and 4c.	s		
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
	Page 8	Sch	redule A (Form 990) (2023)
	1 2 3 3		
C. b. d. b. A (F 000) 2022			_
Schedule A (Form 990) 2023			Page 8
Part VI Supplemental Information. Provide the Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, Part IV, Section D, lines 2 and 3; Part IV, S Section D, lines 5, 6, and 8; and Part V, Se instructions).	9a, 9b, 9c, 11a, 11b, and 11c; Pa Section E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2; 3b; Part V, line 1; Part V, Secti	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circumstances Tes	st	
Return Reference	E	Explanation	
		Sc	hedule A (Form 990) 2023
		-	
Additional Bata			
Additional Data			Return to Form

Software ID: 23017517 **Software Version:** 2023v5.0

efile Public Visua	Render ObjectId: 202421369349314687 - Submission: 2024-	05-15	TIN: 95-4309251
Schedule B	Schedule of Contribu		OMB No. 1545-0047
(Form 990) Department of the Treasu Internal Revenue Service	► Attach to Form 990, 990-EZ, or 9	90-PF.	2023
Name of the organi		Em	ployer identification number
Grace Resource Cer	ter Inc	95-4	4309251
Organization type	(check one):		
Filers of:	Section:		
Form 990 or 990-E	Z 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	d as a private foundation	
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as	a private foundation	
	☐ 501(c)(3) taxable private foundation		
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both th	o Conoral Pulo and a Spe	ooial Pula. Soo instructions
•	in 30 (c)(7), (0), or (10) organization can check boxes for both th	e General Nule and a Spe	eciai Ruie. See ilistructions.
General Rule			
	panization filing Form 990, 990-EZ, or 990-PF that received, durin other property) from any one contributor. Complete Parts I and II. ons.		
Special Rules			
under sect received fr	nization described in section 501(c)(3) filing Form 990 or 990-EZ ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form any one contributor, during the year, total contributions of the (III, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	m 990 or 990-EZ), Part II,	line 13, 16a, or 16b, and that
during the	nization described in section 501(c)(7), (8), or (10) filing Form 99 rear, total contributions of more than \$1,000 exclusively for religion or for the prevention of cruelty to children or animals. Complete Particles	us, charitable, scientific, l	
during the If this box in purpose. D	nization described in section 501(c)(7), (8), or (10) filing Form 99 rear, contributions exclusively for religious, charitable, etc., purpos checked, enter here the total contributions that were received don't complete any of the parts unless the General Rule applies to paritable, etc., contributions totaling \$5,000 or more during the ye	ses, but no such contribut uring the year for an exclu this organization becaus	ions totaled more than \$1,000. sively religious, charitable, etc., e it received <i>nonexclusivelv</i>
990-EZ, or 990-PF	ization that isn't covered by the General Rule and/or the Special I), but it must answer "No" on Part IV, line 2, of its Form 990; or ch PF, Part I, line 2, to certify that it doesn't meet the filing requireme	neck the box on line H of i	ts Fòrm 990-EZ
For Paperwork Redu for Form 990, 990-EZ	tion Act Notice, see the Instructions or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2023)
	Page 2		
	r age 2		
		_	_
Schedule B (Form Name of organization	, , ,		ge 2 identification number
Grace Resource Cer		95-430925	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
			Noncash
			(Complete Part II for noncash

(2)		(b)	(c)	contributions.)
(a) No	N	ame, address, and ZIP + 4	Total contributions	Type of contribution
				Person
-	-		\$	Payroll
	_			Noncash
				(Complete Part II for noncash contributions.)
(a) No	N	(b) ame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
				Person
-			1	Payroll
	-			Noncash
				(Complete Part II for noncash contributions.)
(a) No	N	(b) ame, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 110		unio, dudi coo, dha En 🗀	Total contributions	Person
-	_		-	☐ Payroll
			\$	Noncash
				(Complete Part II for noncash contributions.)
(a)		(b)	(c)	(d)
No	N	ame, address, and ZIP + 4	Total contributions	Type of contribution Person
=				Person Payroll
			\$	Noncash
				(Complete Part II for noncash
(a)		(b)	(c)	contributions.)
No	N	ame, address, and ZIP + 4	Total contributions	Type of contribution
_				Person
			\$	Payroll
				Noncash
				(Complete Part II for noncash contributions.)
				Schedule B (Form 990) (2023)
		Page 3		
Name of or	3 (Form 990) (2023)		Employer identificati	Page 3 on number
Grace Reso	urce Center Inc		95-4309251	
Part II	Noncash Property (see instruc	ctions). Use duplicate copies of Part II if additional space is needed.		T
(a) No. from	Description	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Descriptio	on of noncash property given	(See instructions)	Date received
-			\$	
(a)		//->	(c)	(4)
No. from Part I	Descriptio	(b) on of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
I aiti			, ,	
-			\$	-
(a)		(b)	(c)	(d)
No. from Part I	Descriptio	on of noncash property given	FMV (or estimate) (See instructions)	Date received
			\$	
_				
(a) No. from		(b)	(c) FMV (or estimate)	(d)
Part I	Descriptio	n of noncash property given	(See instructions)	Date received
-			\$	
(2)	-		(a)	
(a) No. from	Description	(b)	(c) FMV (or estimate)	(d)

		(See iii:	structions)	Date received
			\$	
(b) Description of noncash p	operty given	FMV (or	r estimate)	(d) Date received
			\$	
		-		Schedule B (Form 990) (2023)
	Page 4			
(Form 990) (2023)				Page 4
rce Center Inc				fication number
han \$1,000 for the year from any one contri organizations completing Part III, enter the t year. (Enter this information once. See instr	butor. Complete columns (a otal of exclusively religious uctions.)) through (e) ar	nd the following	line entry. For
(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
Transferee's name, address, and ZI			of transferor to t	ransferee
(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
Transferee's name, address, and ZI			of transferor to t	ransferee
(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
Transferee's name, address, and ZI	(e) Transfer of gi	ft Relationship	of transferor to t	ransferee
(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
Transferee's name, address, and ZI			of transferor to t	ransferee
			Sche	dule B (Form 990) (2023)
1	(Form 990) (2023) anization rece Center Inc Exclusively religious, charitable, etc., contribution \$1,000 for the year from any one contribution of the year from any one contribution of the information once. See instruction of the desired in the following part III, enter the tripution of the desired in the properties of Part III if additional space (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift	Description of noncash property given Page 4 (Form 990) (2023) anization rec Center Inc Exclusively religious, charitable, etc., contributions to organizations de han \$1,000 for the year from any one contributor. Complete columns (a proganizations completing Part III, enter the total of exclusively religious rear. (Enter this information once. See instructions.) Subset duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Purpose of gift (e) Transfer of gift (f) Purpose of gift (g) Transfer of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift	Page 4 Page 5 Page 6 Page 7 Page 7 Page 7 Page 8 Page 8 Page 9 P	(b) Description of noncash property given Page 4 (Form 990) (2023) Initiation Tee Center Inc Employer identiant 195-4309251 Sex (Lusively religious, charitable, etc., contributions to organizations described in section 601(c)(7), (8) has \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions rear. (Enter this information once. See instructions.) ** ** See duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of transferor to 19 transfered in transfered in transfered in transferor to 19 transferor of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (e) Transfer of gift Relationship of transferor to 19 transferor t

Additional Data Return to Form

 Software ID:
 23017517

 Software Version:
 2023v5.0

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Supplemental Financial Statements

	Revenue Service	► Go to <u>www.irs.gov/Forn</u>	1990 for instruct			nform	atio	n.	Inspection
	me of the organ te Resource Center							oloyer idei 309251	ntification number
Pa		izations Maintaining Donor Adviete if the organization answered "Ye							
			(a) Don	or adv	rised funds			(b) Funds	and other accounts
		end of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5	organization's p	ation inform all donors and donor advisoroperty, subject to the organization's ex	clusive legal contr	ol?.					he Yes No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor							nissible
Pai	t II Conse	rvation Easements. ete if the organization answered "Ye							
1	Purpose(s) of co	onservation easements held by the orga	nization (check all	that a	ipply).				
	Preservati	on of land for public use (e.g., recreation	n or education)		Preservation of	of an his	stori	ically impo	rtant land area
	Protection	of natural habitat			Preservation o	of a cert	tifie	d historic s	tructure
	Preservati	on of open space							
2		2a through 2d if the organization held a	qualified conserva	tion c	ontribution in th	e form	of a	conservat	ion
		e last day of the tax year.			-		Ī		the End of the Year
а	Total number of	conservation easements				2	2a		
b		estricted by conservation easements				_	2b		
С		ervation easements on a certified histori				2	2c		
d	historic structur	ervation easements included in (c) acquire listed in the National Register	, ,	,			2d	nair-t	during the
3	tax year 🕨	servation easements modified, transferre				i by the	e org	janization	during the
4	Number of state	es where property subject to conservation	n easement is loca	ated 🕨	·			_	
5	Does the organ and enforcemen	ization have a written policy regarding that of the conservation easements it hold	ne periodic monito s?	ring, i 	nspection, handl	ling of v	viola		☐ Yes ☐ No
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of v	/iolatio	ons, and enforcin	ng cons	serva	ation easer	nents during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violati	ions, a	and enforcing co	nservat	tion	easements	during the year
8	Does each cons and section 170	servation easement reported on line $2(d)$ $0(h)(4)(B)(ii)$?	above satisfy the	requii	rements of section	on 170((h)(4		☐ Yes ☐ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the or	ts in it ganiz	s revenue and e ation's financial s	expense	e sta ents	tement, ar that descr	nd ribes
	Comple	izations Maintaining Collections ete if the organization answered "Ye	of Art, Historions" on Form 990,	Part	IV, line 8.				
1a	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub ext of the footnote to its financial statem	lic exhibition, educ	cation,	or research in f	ment a urthera	and I ance	balance she of public s	eet works of art, service, provide, in
b	If the organizat	ion elected, as permitted under FASB AS ures, or other similar assets held for pub	C 958, to report in	n its re	evenue statemer				
(_	nts relating to these items: ded on Form 990, Part VIII, line 1						> \$	
(i	i)Assets included	l in Form 990, Part X						. ▶\$	
2		ion received or held works of art, histori nts required to be reported under FASB				financi	ial g	ain, provid	e the
а	Revenue include	ed on Form 990, Part VIII, line 1						. ▶\$	
b	Assets included	in Form 990, Part X · · · · · · · ·						▶ \$	
For F		uction Act Notice, see the Instructio							dule D (Form 990) 2022
			Page 2						
Sche	dule D (Form 990	0) 2022	ruge 2						Page 2
Parl	III Organi	izations Maintaining Collections	of Art, Histori	cal T	reasures, or	Other	· Sir	milar Ass	sets (continued)
3	Using the organitems (check al	nization's acquisition, accession, and other that apply):	_	any of	the following the	at are a	a sig	ınificant us	e of its collection
a b	Public exl		d e		Loan or exchar		_		
c	Scholarly		Č		Other				
4		ion for future generations	d avalain haw tha	v first	har tha araaniza	tion's o		ant nurnoc	n in

Part XIII.	organization s concetions	ана ехріант	now they further t	ine organization	s exempt parp	050 111	
5 During the year, did the orga							
Complete if the org	odial Arrangements. ganization answered "\	· · · · · · · · · · · · · · · · · · ·					es No Form 990, Part X,
line 21. 1a Is the organization an agent, included on Form 990, Part X	, trustee, custodian or otl	ner intermed	iary for contributi	ons or other ass	ets not	□ Y €	es 🗆 No
L 75 Var					T .	\ maunt	<u> </u>
b If "Yes," explain the arrangerc Beginning balance		•	-	1c	<u>'</u>	Amount	<u>. </u>
d Additions during the year				· —			
e Distributions during the year							
f Ending balance				1f			
2a Did the organization include	an amount on Form 990,	Part X, line	21, for escrow or	custodial accour	it liability?		es 🗆 No
b If "Yes," explain the arranger	ment in Part XIII. Check l	nere if the ex	planation has bee	en provided in Pa	art XIII	. 🗆	
Part V Endowment Fund Complete if the org	ganization answered "	Yes" on For	m 990, Part IV,		ack (d) Three ye	ears back	(e) Four years back
1a Beginning of year balance .		arrene year	(5)	(c) mo years so	ack (a) mee y	caro bacit	(c) rear years suck
b Contributions							
c Net investment earnings, gain	s, and losses						
d Grants or scholarships							
 Other expenditures for facilities and programs 	es						
f Administrative expenses .							
g End of year balance							
2 Provide the estimated percer	-	end balance	(line 1g, column	(a)) held as:			
a Board designated or quasi-er	ndowment 🕨						
c Term endowment ► The percentages on lines 2a,	2b, and 2c should equal	100%					
3a Are there endowment funds	•		ion that are held	and administere	d for the		
organization by:						12	Yes No
(i) Unrelated organizations(ii) Related organizations							Ba(i)
b If "Yes" on 3a(ii), are the rela							3b
4 Describe in Part XIII the inte	nded uses of the organiza	ation's endov	wment funds.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Part VI Land, Buildings, a		/oc" an F-	m 000 D==+ T\	line 11a Ca	Form 000 D	rt V 1:	20.10
Description of property	ganization answered "\ (a) Cost or other basis		or other basis (other		rorm 990, Pa ted depreciation		(d) Book value
	(investment)						
1a Land			220,00	00			220,000
b Buildings			200,7	.5	60,924		139,791
c Leasehold improvements							
d Equipment			66,74		64,747		1,994
e Other	olumn (d) must equal For	rm 990. Part	X. column (B), lir		10,117		4,956 366,741
Totali Add iiiles ta dillougii te. (Cl	olanın (a) müst eyual Fül	Jou, Fall	A, COIGIIII (D), III	10(0)./		hedule I	366,741 D (Form 990) 202
					301		
		P	age 3				
Schedule D (Form 990) 2022							Page :
Part VII Investments - Ot							
Complete if the org	ganization answered "			line 11b.See F			
	on of security or category ng name of security)	/	(b) Book	С	(c) Method ost or end-of-ye		
(ciudii			value				
(1) Financial derivatives							
(2) Closely-held equity interests (3)Other			• •				
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered 'Yes' on Form 990, Pa			
(a) Description of investment	(b) Book value		ethod of valuation: id-of-year market value
(1)			
(2)			
(3)			
4)			
5)			
(6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets.	rt IV line 11d Coe For	m 000 Part	V line 1F
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	it iv, line iiu. See Fon	iii 990, Pait	(b) Book value
1)			
2)			
)			
9)			
)			
)			
)			
9)			
			•
Part X Other Liabilities.			<u>'</u>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa			<u>'</u>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability			, Part X, line 25.
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes dit card payable			, Part X, line 25. (b) Book value
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability			, Part X, line 25. (b) Book value 2,117 3,600
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability			, Part X, line 25. (b) Book value
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Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes edit card payable yroll Liabilities			, Part X, line 25. (b) Book value 2,117 3,600
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities			, Part X, line 25. (b) Book value 2,117 3,600
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities			, Part X, line 25. (b) Book value 2,117 3,600
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities			, Part X, line 25. (b) Book value 2,117 3,600
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities			, Part X, line 25. (b) Book value 2,117 3,600
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes dit card payable rroll Liabilities unding			, Part X, line 25. (b) Book value 2,117 3,600
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Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes dit card payable roll Liabilities inding al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	rt IV, line 11e or 11f.Se	ee Form 990	, Part X, line 25. (b) Book value 2,117 3,600 1 5,718 ats that reports the provided in Part XIII
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Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes dit card payable roll Liabilities inding al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote anization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	rt IV, line 11e or 11f.Se	ee Form 990	, Part X, line 25. (b) Book value 2,117 3,600 1 5,718 ats that reports the provided in Part XIII
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Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Pederal income taxes edit card payable yroll Liabilities bunding Atal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h Page 4 Peart XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Part XIII revenue, gains, and other support per audited financial statements .	rt IV, line 11e or 11f.Se	per Return	5,718 ts that reports the provided in Part XIII Padule D (Form 990) 202
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities bunding tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h Page 4 Page 4 Page 4 Thedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Page 10 and the revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	rt IV, line 11e or 11f.Se	per Return	5,718 ts that reports the provided in Part XIII
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes edit card payable yroll Liabilities bunding Ital. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he Page 4 Page 4 Page 4 Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Page 10 and the revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	rt IV, line 11e or 11f.Se	per Return	5,718 ts that reports the provided in Part XIII Padule D (Form 990) 202
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability 1) Federal income taxes redit card payable syroll Liabilities bunding btal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote riganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h Page 4 Page 4 Chedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Part XIII, and the revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	rt IV, line 11e or 11f.Se	per Return	5,718 ts that reports the provided in Part XIII
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability) Federal income taxes edit card payable yroll Liabilities bunding tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he Page 4 Page 4 Page 4 Total revenue, gains, and other support per audited Financial State Complete if the organization answered 'Yes' on Form 990, Part XIII revenue, gains, and other support per audited financial statements . Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities	rt IV, line 11e or 11f.Se	per Return	5,718 ts that reports the provided in Part XIII
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Federal income taxes dit card payable roll Liabilities unding al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote anization's liability for uncertain tax positions under FIN 48 (ASC 740). Check have a page 4 redule D (Form 990) 2022 art XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Part XI revenue, gains, and other support per audited financial statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Recoveries of prior year grants Recoveries of prior year grants Recoveries of prior year grants Other (Describe in Part XIII.)	rt IV, line 11e or 11f.Se	per Return 1 . 2e	5,718 ts that reports the provided in Part XIII
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability Pederal income taxes edit card payable viroll Liabilities unding al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote panization's liability for uncertain tax positions under FIN 48 (ASC 740). Check have a part XIII and the part XIII and the part XIII and the part XIII are positions under FIN 48 (ASC 740). The page 4 Page 4 The page 4 Th	ments With Revenue art IV, line 12a. 2a 2b 2c 2d	per Return 1	5,718 ts that reports the provided in Part XIII

а	Investment expenses not included on Form 990, Part VIII, line /b .	4a	
b	Other (Describe in Part XIII.)	4b	
С			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Par	t XII Reconciliation of Expenses per Audited Financial Stat		s per Return.
1	Complete if the organization answered 'Yes' on Form 990, Form 1990, Form 1990		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
ے a	Donated services and use of facilities	2a	
		2b	
b c	Prior year adjustments	2c	
d		2d	
_	Other (Describe in Part XIII.)		2e
e	5		3
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Par	t XIII Supplemental Information		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 5 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		
	Return Reference	Explan	ation
			Schedule D (Form 990) 2022
	ditional Data		Return to Form

Software ID: 23017517 **Software Version:** 2023v5.0

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TIN: 95-4309251 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

	Con	mplete if the or	ganization answe	red "Yes"	on Form 990, Part IV, lines	17, 18, or 19	, or if the	2023
artment of the Treasury rnal Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, n 990 or Form 990-EZ.			Open to Public Inspection
me of the organization		F Go to	www.irs.gov/Fo	rm990 for	instructions and the latest in	nformation.	Employer ide	entification number
ace Resource Center In	nc						95-4309251	
	-		ete if the orga red to comple		n answered "Yes" on F part.	orm 990,	Part IV, line	17.
Indicate whether th	ne organizat	tion raised fu	nds through an	y of the f	following activities. Check	k all that ap	ply.	
☐ Mail solicitations	s			•	Solicitation of nor	n-governme	ent grants	
☐ Internet and em	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					vernment g	rants	
Phone solicitatio	ons			9	g Special fundraisin	ng events		
☐ In-person solicit	tations							
or key employees li	isted in Forn	m 990, Part V	II) or entity in	connecti	vidual (including officers on with professional fund	raising serv	vices? Y	es V No
to be compensated				araisers)	pursuant to agreements	under which	on the fundrais	er is
) Name and address of individual or entity (fundraiser) (ii) Activity			fundrai custo	Did ser have ody or rol of	from activity	(or refundrai	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			contrib Yes	nutions?				
				.▶				
st all states in which ensing.	h the organi	ization is regi	stered or licens	sed to sol	licit contributions or has	been notifie	ed it is exempt	from registration or
aperwork Reduction A	Act Notice, s	ee the Instru	ctions for Form	990 or 99	OO-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2023
				—— Ра	age 2			
dule G (Form 990) 2	023							Page 2
rt II Fundraisi than \$15,0	ing Event 000 of fund	draising eve	ent contributi		answered "Yes" on For gross income on Forn			, or reported more
gross rece	ipis greate	er than \$5,0	(a) Event #	#1	(b) Event #2	(c) Ot	her events	(d) Total events
			Golf Tourna		Grace-a-thon			(add col. (a) through col. (c))
		-	(event typ		(event type)	(tota	l number)	

	1 Gross receipts	27,793	6,976		34,769				
	2 Less: Contributions	27,793	0,970		34,709				
	3 Gross income (line 1 minus								
\dashv	line 2)	27,793	6,976		34,769				
	4 Cash prizes								
Ses	Noncash prizes								
a	Rent/facility costs				_				
ă	7 Food and beverages								
9									
	9 Other direct expenses	9,976			9,976				
	10 Direct expense summary. Add lines 4 through 9 in column (d)								
	11 Net income summary. Subtract line 10 III Gaming. Complete if the org				24,793				
rait	on Form 990-EZ, line 6a.		s off form 990, Fart I	v, line 13, or reported	more than \$15,000				
ne		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.				
Revenue		., 3-	bingo/progressive bingo	, , , , , , , , , , , , , , , , , , , ,	(a) through col.(c))				
Ke	1 Gross revenue								
9	2 Cash prizes								
វ	3 Noncash prizes								
	4 Rent/facility costs								
ā	5 Other direct expenses								
	<u>.</u>	☐ Yes %	☐ Yes %	☐ Yes %					
	6 Volunteer labor	□ No	☐ No	O ••					
			U NO	☐ No					
				U No ⊾					
	7 Direct expense summary. Add lines 2 to	through 5 in column (d)		>					
	Direct expense summary. Add lines 2 fNet gaming income summary. Subtract								
9	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)						
) a	Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of	n (d)		☐ Yes ☐ No				
9	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of	n (d)	· · · · · •					
a b	Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of	n (d)						
a b	Renter the state(s) in which the organization licensed to conduct g If "No," explain: Were any of the organization's gaming licensed in the organization organization.	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of	n (d)						
a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lic If "Yes," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of	n (d)	e tax year?	Yes No				
a b	Renter the state(s) in which the organizate Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No				
a b	Renter the state(s) in which the organizate Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No				
a b	Renter the state(s) in which the organizate Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No				
a b Oa b	Reference Summary Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif If "Yes," explain:	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No				
9 a b b	Renter the state(s) in which the organizate Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ule G (Form 990) 2023	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No chedule G (Form 990) 2023				
9 a b Cachec	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain: ule G (Form 990) 2023 Does the organization conduct gaming and the organization co	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende	n (d)	e tax year?	Yes No chedule G (Form 990) 2023				
9 a b Oa b Cached	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ulle G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming?	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende Po ctivities with nonmembers or trustee of a trust or a	n (d)	e tax year?	Yes No Chedule G (Form 990) 2023 Page 3				
9 a b Oa b Check	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ule G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activi	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende censes revoked, suspende ctivities with nonmembers or trustee of a trust or a interest of trustee of a trust or a interest or a conducted in:	n (d)	e tax year?	Page 3 Yes No Page 3				
a b Oa b chec	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ulle G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming?	t line 7 from line 1, columnion conducts gaming activities in each of activities in each of the conducts revoked, suspended the column activities with nonmembers or trustee of a trust or a state of the conducted in:	n (d)	e tax year? Sometime to the rentity	Page 3 Yes No Page 3				
9 a b l.0a b l.1.1.1.2 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ule G (Form 990) 2023 Does the organization conduct gaming as the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende censes revoked, suspende ctivities with nonmembers or trustee of a trust or a interest of the conducted in:	n (d)	e tax year?	Page 3 Yes No Page 3 Yes No Yes No Yes No %				
9 a b LOa b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ule G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility An outside facility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility Enter the name and address of the personal is the organization or sacility or sacility Enter the name and address of the personal is the organization or sacility or sacili	t line 7 from line 1, columnion conducts gaming activities in each of exenses revoked, suspende ctivities with nonmembers or trustee of a trust or a fixed trust or a fixed conducted in:	ities: these states? d or terminated during the sage 3 member of a partnership of a part	e tax year?	Page 3 Yes No Page 3 Yes No Yes No Yes No %				
9 a b b 10a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ule G (Form 990) 2023 Does the organization conduct gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility An outside facility Enter the name and address of the personance.	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende censes revoked, suspende ctivities with nonmembers or trustee of a trust or a column trustee or a column	ities: these states? d or terminated during the age 3 member of a partnership of a partn	e tax year?	Page 3				
9 a b L0a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ulle G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility An outside facility Enter the name and address of the personal state of the persona	t line 7 from line 1, columnion conducts gaming activities in each of exercises revoked, suspended extra trustees or trustee of a trust or a line trustee or a line tru	ities: these states? d or terminated during the age 3 member of a partnership in the age it is a partnership in the age i	e tax year?	Page 3				
9 a b L0a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: Ulle G (Form 990) 2023 Does the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility An outside facility Enter the name and address of the personance with the organization have a contract with t	t line 7 from line 1, colum ion conducts gaming activ aming activities in each of censes revoked, suspende censes revoked, suspende ctivities with nonmembers or trustee of a trust or a in ty conducted in:	ities: these states? d or terminated during the age 3 ? member of a partnership of a p	e tax year?	Yes				
9 a b lOa b l11 l2 l3 a b l4	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: ulle G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility An outside facility Enter the name and address of the personal address Address	t line 7 from line 1, columnion conducts gaming activities in each of	ities: these states? d or terminated during the age 3 member of a partnership of a partn	e tax year?	Yes				
9 a b lOa b l11 l2 l3 a b l4	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: Is the organization: Ulle G (Form 990) 2023 Does the organization conduct gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility An outside facility Enter the name and address of the personal activity and the personal activity activity and the personal activity activity activity activity and the personal activity	t line 7 from line 1, columnion conducts gaming activities in each of exenses revoked, suspended extractivities with nonmembers or trustee of a trust or a structure of a structure of a structure of a trust or a structure of	ities: these states? d or terminated during the states of a partnership	e tax year?	Yes				
9 a b L0a b L11 12 L13 a b L4	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: Is the organization: Ulle G (Form 990) 2023 Does the organization conduct gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity he organization's facility An outside facility Enter the name and address of the personal state organization have a contract wirevenue? If "Yes," enter the amount of gaming revenue?	t line 7 from line 1, columnion conducts gaming activities in each of the censes revoked, suspende third party from whom the censes the organ and the third party \$	ities:	e tax year?	Page 3 Yes No Page 3 Yes No Yes No Yes No Yes No Yes No				
) a b 0a b 2 3 a b 4 5 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lif "Yes," explain: Ulle G (Form 990) 2023 Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activithe organization's facility An outside facility Enter the name and address of the personal parts of the persona	t line 7 from line 1, columnion conducts gaming activities in each of the censes revoked, suspende third party from whom the censes the organ and the third party \$	ities: these states? d or terminated during the states of a partnership	e tax year?	Page 3 Yes No Page 3 Yes No Yes No Yes No Yes No Yes No				

	Address •						
16	Gaming m	nanager	information:				
	Name 🕨						
	Gaming m	nanager	compensation > \$				
			vices provided				
	_	71 OI SCI		_			
	Direct	tor/offic	er	Employee	Independent contra	ector	
17	Mandatory			a law ta maka sharitabla di	stributions from the gaming process	ada ta	
	retain the	state g	aming license? .		stributions from the gaming proced		· 🗆 Yes 🗆 No
b			•	red under state law distributies during the tax year	uted to other exempt organizations \$	s or spent	
Par				•	ions required by Part I, line 2t licable. Also provide any additi	,	
		eturn Re		, , , , , , , , , , , , , , , , , , , ,	Explanation		
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_	HEDUL n 990)	E O	• •		ion to Form 990 or 9		2023
Complete		e to provide information for responses to specific questions on m 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.			Open to Public		
	Revenue Servi			io to <u>www.irs.gov/Form</u>	990 for the latest information.	Employer ide	Inspection entification number
Grace	Resource Cer	nter Inc				95-4309251	
	Return				Explanation		
Fori	m 990,	No rev	iew was or will be cor	nducted.			
	tion B,						
-	e 11b m 990,	Docum	nents are made availa	ble upon request.			
Par							
Line		ction Act N	lotice, see the Instructions f	or Form 990 or 990-F7	Cat. No. 51056K		Schedule O (Form 990) 2023
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