## **Executive Compensation Annual Report**

**Instructions:** Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

#### **Section 1: Attestation**

I swear (or affirm) to my authority to make binding representations on behalf of the ent information contained in this document is accurate and complete to the best of the belok knowledge, and both I and the below-listed entity intend the Department rely upon the this document.  Domestic Abuse Shelter, Inc.	ow-listed entity's
Entity Name	
LN242	LIEID Nombon
Department Contract Numbers	UEID Number
Sheryl Schwab Printed Name of Authorized Person	
CO C C C C C	
Signature of Authorized Person	4/17/2024 Date
Signature of Authorized Ferson	Date
STATE OF FLORIDA COUNTY OF Monroe	
Sworn to (or affirmed) before me by means of  physical presence or  online notarization of April , 20 24 , by Sheryl Schwab	ation, this <u>17th</u> day
	Digitally signed by Teddy White Date: 2024.04.17 08:48:42 -04'00'  y Public- State of Florida
Personally Known OR Produced Identification	
Type of Identification Produced: Personally Known	
Section 2: Qualifying Questions	
1) Did one or more of the contract(s) result from the Entity being named in federal law (substantive or appropriation) as the required recipient of a single source, public-privat	
□ NO 2) During the preceding fiscal year, did the Entity receive 50% or more of its budget fro Florida or from a combination of State and Federal funds?	om either the State of
■ Yes □ No	
3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in the federal funds so received accounted for more than 80% of the Provider's annual grather compensation of top five executives for the preceding fiscal year not available publ	ross revenue, and (c) was
☐ Yes      ■ No If the answer to <b>any</b> question in this section is Yes, you must proceed to and complete submit this form to your relevant Department Contract Manager.	Section 3. Otherwise,

#### Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, total annual compensation, and the percentage of compensation from state (FL %) or federal (Fed %) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report with those changes, and their total annual compensation. Total annual compensation includes salary, bonuses, cashedin-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL %) or federal (Fed %) allocations. The Entity is not required to disclose the additional compensation a person receives from organizations that contract with the Entity if the above listed person was identified solely upon the person's status as an uncompensated member of the Entity's board of directors, whatever the person's actual title in the organization.

Name	Title	Total Annual Compensation	FL %	Fed %	FL & Fed % (Total)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	ror the	2022 calendar year, or tax year beginning 00L 1, 2022 and	ending U	UN 30, 2023	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		59-21536	08
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
Ē	Final return/	P.O. BOX 522696		305-743-	
	termin- ated			G Gross receipts \$	1,842,928.
	Amend			H(a) Is this a group re	
F	lreturn Applic: tion			for subordinates	
	tion pendin	SAME AS C ABOVE			·····- —
_			507	H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) (e: WWW.DOMESTICABUSESHELTER.ORG	or 527	1	list. See instructions
	Websit	<del></del>	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1981 N	A State of legal domicile: ${f FL}$
P		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${ t TO  ext{ }  ext{ }  ext{P}}$	ROVIDE	COMPREHENS	IVE
auc	1 .	SERVICES FOR INDIVIDUALS AND FAMILIES EX	PERIEN	CING DOMEST	IC ABUSE.
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Š		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			24
įį	1	Total number of volunteers (estimate if necessary)			0
Activities & Governance		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	1 -			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,634,954.	1,836,207.
Jue	1			0.	0.
Revenue		• • • • • • • • • • • • • • • • • • • •		192.	5,185.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		639.	-340.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,635,785.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,841,052.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		948,286.	989,168.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)  98,7	<u></u>	0.	0.
ď	b				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		732,016.	722,588.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,680,302.	
	19	Revenue less expenses. Subtract line 18 from line 12		-44,517.	129,296.
Net Assets or Find Balances	8		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,594,872.	1,874,275.
ASS	21	Total liabilities (Part X, line 26)		67,100.	217,207.
Set	22	Net assets or fund balances. Subtract line 21 from line 20		1,527,772.	1,657,068.
P	art II	Signature Block	<u> </u>		· · · · · ·
Unc	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	,	,,			
Sig	ın	Signature of officer		Date	
He		JENNIFER J. POWELL, PRESIDENT			
116		Type or print name and title			
		······································	П	Date Check	II PTIN
Da:		Print/Type preparer's name  STEPHEN P. EMERY  Preparer's signature  STEPHEN P. EMER		1 / 2 2 / 2 4   if	
Pai				***************************************	9-1363792
		Firm's name KEEFE, MCCULLOUGH & CO., LLP, C.		Firm's EIN 5	2-T303/27
USE	Only	Firm's address 6550 N FEDERAL HIGHWAY, SUITE 4:	ΤU		A 771 000C
_		FT. LAUDERDALE, FL 33308		Phone no.95	4-771-0896
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
		200 LUA For Panarwork Paduation Act Nation and the congrete instruction			Earm <b>990</b> (2022)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE MICCION IC TO DEDUCE THE INCIDENCE AND MINIMIZE THE INCIDENCE AND MINIMIZE THE INCIDENCE.
	THE MISSION IS TO REDUCE THE INCIDENCE AND MINIMIZE THE IMPACT OF
	DOMESTIC ABUSE IN MONROE COUNTY BY DIRECTING THE APPROPRIATE,
	EFFECTIVE PROGRAMS AND SERVICES TO VICTIMS.
	Did the constitution and other constitution of the state of the constitution of the state of the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 911,813 • including grants of \$ ) (Revenue \$ )
4a	(Code:) (Expenses \$ 911,813. including grants of \$) (Revenue \$)  SHELTER: THE DOMESTIC ABUSE SHELTER PROVIDES AN EMERGENCY SHELTER AT
	ONE - TWO LOCATIONS IN MONROE COUNTY TO VICTIMS OF DOMESTIC VIOLENCE.
	THE DOMESTIC ABUSE SHELTER PROVIDED APPROXIMATELY 4,400 SHELTER NIGHTS
	TO APPROXIMATELY 130 VICTIMS OF DOMESTIC VIOLENCE.
	TO ATTROXIMATIBLE 130 VICTIMS OF BOMBBITE VIOLENCE.
	<u> </u>
	<u> </u>
4b	(Code: ) (Expenses \$ 472,451. including grants of \$ ) (Revenue \$ )
	OUTREACH: THE DOMESTIC ABUSE SHELTER PROVIDES OUTREACH SERVICES
	THROUGHOUT THE FLORIDA KEYS, SUCH AS SAFETY PLANNING, CRISIS
	COUNSELING, COURT ADVOCACY AND INFORMATION AND REFERRALS. THE DOMESTIC
	ABUSE SHELTER PROVIDED OUTREACH SERVICES TO APPROXIMATELY 150 VICTIMS
	OF DOMESTIC VIOLENCE.
4c	(Code:) (Expenses \$
4-1	Other management and items (Describe on Calcabilla O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,384,264.
<u>4e</u>	Total program service expenses 1,384,264.  Form <b>990</b> (2022)
	1 01111 330 (2022)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		148		
b	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		х
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		х
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		Х
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		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

#### Part IV | Checklist 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		1.00	1.00
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		x	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α.	
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			177
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V 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	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	(garriening) minings to prize without.	10		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		<b>₩</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	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	6a		22
D	·	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	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			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16h		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed FL			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only	) avail	ahlo
Ю	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, avalli	aDIE
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DONNA M. HOFFMAN - TREASURER - 305-743-5452			
	P.O. BOX 522696, MARATHON SHORES, FL 33052			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	(C) osition ck more than one person is both an a director/trustee)			(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHRYL SCHWAB	40.00			,,				150.040	0	10 014
EXECUTIVE DIRECTOR	0.00			Х				152,048.	0.	18,214.
(2) JENNIFER J. POWELL	8.00	X		x				0.	0.	_
PRESIDENT	1.00			Δ.				0.	0.	0.
(3) JOANNE ZIMMERMAN SECRETARY	1.00	x		x				0.	0.	0.
(4) DONNA M. HOFFMAN	1.00	^		^				0.	0.	· ·
TREASURER	1.00	Х		x				0.	0.	0.
(5) SPENSER BRYAN	1.00			-						
DIRECTOR		х						0.	0.	0.
(6) PATRICIA MCGRATH	1.00									
DIRECTOR		х						0.	0.	0.
(7) DEBBIE BATTY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TYLER BLANTON	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(9) ALEXIS BOURCIER	1.00	,,								_
DIRECTOR		Х						0.	0.	0.
						$\vdash$				
		L		L						
			_			_	_			
		-								

(C)

Position

(do not check more than one box, unless person is both an officer and a director/trustee)

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC/

(B)

Average

hours per

week

(list any

hours for

related

(A)

Name and title

		organizations below line)	Individual trus	Institutional tr	Officer	Key employee	Highest complemplemble	Former	1099-NEC)			nd relat janizati	
											+		
											<u> </u>		
											1		
1b	Subtotal								152,048.	0		.8,2	
С	Total from continuation sheets to Part V	I, Section A							0.	0			0.
	Total (add lines 1b and 1c)								152,048.	0	<u>.  1</u>	.8,2	14.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			1
	compensation from the organization											Yes	No
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	кеу е	emp	loye	e, or	hig	hest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su											l	
_	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-		5		Х
Sec	tion B. Independent Contractors	piete deriedan	, 0 ,	0, 00	2011	porc							
1	Complete this table for your five highest co the organization. Report compensation for	•	•								sation	from	
	(A)	trie caleridar y	Jai	eriai	ng v	VILII	OI W		(B)	year.		C)	
	Name and business	address	N	ONE	3				Description of s	ervices		ensatio	n
								4					
2	Total number of independent contractors (i	-	ot lii	mite	d to		_	sted	above) who received n	nore than			
	\$100,000 of compensation from the organi	zation				(	0					000	205
											Form	<b>990</b> (	2022)

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	n 990 rt V					SE SUEDIE	IK INC.		39-2133	O O o Page 9
Pa	r v	Ш					=			
			Check if Schedule O co	ontain	is a respons	e or note to any li	ne in this Part VIII	/B/	(C)	
							Total revenue	Related or exempt	Unrelated	( <b>D</b> ) Revenue excluded
							Total revenue	function revenue		from tax under
										sections 512 - 514
ts	1	а	Federated campaigns		1a					
z a			Membership dues				-			
Ω, Ĕ			Fundraising events							
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		··· —		-			
ລ:ຣ						,568,910.				
Sin			Government grants (contrib		· —	, 500 , 510 •	-			
ēĦ		t	All other contributions, gifts, gr		1 1	267 207				
들			similar amounts not included al			267,297.	_			
ğ		_	Noncash contributions included in lir			15,122.				
<u>a Ö</u>		h	Total. Add lines 1a-1f				1,836,207.			
						Business Code				
ě	2	а								
Program Service Revenue		b								
Sel		c								
ΕŽ		d								
gra										
5		e	All							
_			All other program service re							
		g	Total. Add lines 2a-2f							
	3		Investment income (includir	ng div	vidends, inte	rest, and	- 105			- 10-
							5,185.			5,185.
	4		Income from investment of	tax-e	xempt bond	proceeds				
	5 Royalties									
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a 🗀						
				6b						
	· · · · · · · · · · · · · · · · · · ·									
			ental income or (loss) 6c et rental income or (loss)							
					(i) Securities					
	′	а	Gross amount from sales of	-	(i) Securities	(ii) Other				
			· -	7a			_			
•		b	Less: cost or other basis							
Revenue				7b						
ĕ		С	Gain or (loss)	7с						
æ		d	Net gain or (loss)							
Other			Gross income from fundraising							
₹			including \$							
			contributions reported on lin							
			· · · · · · · · · · · · · · · · · · ·			1 001.				
		<b>L</b>	Part IV, line 18				-			
			Less: direct expenses			•	-875.			-875.
			Net income or (loss) from fu				-0/3.			-0/3.
	9	а	Gross income from gaming			1				
			Part IV, line 19							
			Less: direct expenses			b				
		С	Net income or (loss) from ga	jaming	g activities_					
	10	а	Gross sales of inventory, les	ss ret	turns					
			and allowances		10	)a				
		b	Less: cost of goods sold							
			Net income or (loss) from sa							
		_		<u></u>		Business Code				
sno	4.	_	MISCELLANEOUS			541100	535.			535.
nec	''					2=1100	333.			333.
Miscellaneous Revenue		b				<del>                                     </del>	1		-	<del>                                     </del>
Sce		С				1	-			<del>                                     </del>
ž			All other revenue				F 2 F			
		е	Total. Add lines 11a-11d				535.			
	12		Total revenue. See instructions	ıs <u>.</u>	<u></u>		1,841,052.	0.	0.	4,845.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do '	not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,929.	132,540.	23,389.	
6	Compensation not included above to disqualified	133,323.	132,340.	23,303.	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	636,745.	540,072.	96,673.	
8	Pension plan accruals and contributions (include		,		
_	section 401(k) and 403(b) employer contributions)	10,932.	9,330.	1,602.	
9	Other employee benefits	183,331.	156,471.	26,860.	
10	Payroll taxes	2,231.	1,904.	327.	
11	Fees for services (nonemployees):	,	•		
	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	125,055.	22,027.	29,986.	73,042
12	Advertising and promotion	9,338.	7,265.	1,373.	700
13	Office expenses	29,848.	9,360.	10,139.	10,349
14	Information technology				
15	Royalties		40 -00		
16	Occupancy	72,712.	68,532.	4,180.	0.7.6
17	Travel	41,797.	39,087.	2,434.	276
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.53		0.52	
20	Interest	953.		953.	
21	Payments to affiliates	19,825.	17 050	1 066	
22	Depreciation, depletion, and amortization	36,026.	17,859. 24,406.	1,966.	
23	Other expanses, Itamiza expanses not severed	30,020.	24,400.	11,020.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  RENTAL ASSISTANCE	131,509.	131,509.		
	PROGRAM SUPPLIES	99,020.	90,579.	+	8,441
b	REPAIRS & MAINTENANCE	94,171.	88,234.	5,937.	0,441
C C	COMMUNICATIONS	27,128.	23,551.	3,577.	
d		35,206.	21,538.	7,701.	5,967
	All other expenses   Total functional expenses. Add lines 1 through 24e	1,711,756.	1,384,264.	228,717.	98,775
25 26	Joint costs. Complete this line only if the organization	±,,±±,,50•	1,001,001.	220,1110	50,115
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

	Check if Schedule O contains a response or no	te to an	y line in this Part X	(A)	<u>.</u>	
				(A)		
				Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			572,779.	1	759,365
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			661,156.	3	634,954
4	Accounts receivable, net				4	
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
	controlled entity or family member of any of the	se pers	ons		5	
6	Loans and other receivables from other disqual	ified pe	sons (as defined			
	under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			38,187.	9	42,174
10a						
	basis. Complete Part VI of Schedule D	10a				
b	Less: accumulated depreciation	10b	119,195.	313,298.	10c	293,473
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	144,309
16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)		_	1,874,275
17				45,018.		53,270
18					18	
19						
20					<del></del>	
					21	
22						
				22 002		20 000
				22,002.		29,080
					24	
25						
	• •	s 17-24)	. Complete Part X	0	ا ء	134,857
00			·····			217,207
26				07,100.	26	217,207
		eck ner	e A			
07				1 037 945	07	979,962
						677,106
20				405,027	20	011,100
	-	336, CH	ck fiere			
20					20	
					$\overline{}$	
					$\overline{}$	
				1.527.772		1,657,068
					-	1,874,275
	7 8 9 10a b 11 12 13 14 15 16 17 18	controlled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or forr trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa parties, and other liabilities not included on line of Schedule D  Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. Retained earnings, endowment, accumulated ir Retained earnings, endowment, accumulated ir Total net assets or fund balances	controlled entity or family member of any of these personal consumption of the disqualified personal and other receivables from other disqualified personal expenses and loans receivable, net said inventories for sale or use prepaid expenses and deferred charges had be less: accumulated depreciation to lost investments - publicly traded securities livestments - publicly traded securities livestments - program-related. See Part IV, line 11 lintangible assets Other assets. See Part IV, line 11 lintangible assets. Other assets. See Part IV, line 11 lintangible assets. See Part IV, line 11 lintangible assets. Other assets. See Part IV, line 11 lintangible assets. Other assets. Add lines 1 through 15 (must equal line 3 Grants payable and accrued expenses Grants payable Deferred revenue liptangial expenses or custodial account liability. Complete Part IV accounts grant of trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal secured mortgages and notes payable to unrelated third unsecured notes and loans payable to unrelated third unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24) of Schedule D lines 27, 28, 32, and 33.  7 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  7 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmer Retained earnings, endowment, accumulated income, or total net assets or fund balances	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 119,195.  1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Intangible assets 1 Other assets. Add lines 1 through 15 (must equal line 33) 1 Accounts payable and accrued expenses 1 Grants payable 1 Deferred revenue 2 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other 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 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  2 Capital stock or trust principal, or current funds 3 Paid-in or capital surplus, or land, building, or equipment fund 3 Retained earnings, endowment, accumulated income, or other funds 3 Total net assets or fund balances	controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 412, 668. b Less: accumulated depreciation 10b 119, 195. 313, 298. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 9, 452. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,594, 872. 17 Accounts payable and accrued expenses 45,018. 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total ret assets or fund balances 1, 527, 772.	controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 19 Tax exempt bond liabilities 19 Deferred revenue 19 Tax exempt bond liabilities 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  7 Net assets with donor restrictions 0 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balanc

Form	990 (2022) DOMESTIC ABUSE SHELTER INC.	59-	-2153608	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,84		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71		
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,52	7 <u>,</u> 7	72.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,65	7,0	68.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	5,		
	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule	O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		1

#### **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

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 Inspection

OMB No. 1545-0047

Name of the organization

DOMESTIC ABUSE SHELTER INC.

Employer identification number 59-2153608

<b>D</b>		Decree Con Dedution	01					
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.	
The	orgar	nization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co	nganosaon man a noopha				and market
5		<u> </u>	or the benefit of a co	llogo or university owner	d or opera	tod by a a	overnmental unit describ	and in
5		An organization operated for		niege of university owner	u or opera	ted by a g	overninental unit descri	Jeu III
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7	X	An organization that norma	ally receives a substa	antial part of its support t	rom a gov	ernmental	unit or from the general	l public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:	9			,	,,	,
10		An organization that norma	ally receives (1) more	than 33 1/30% of its sun	nort from	contributio	one momborehin fooe a	nd gross receipts from
10		-	•	•	-			- ·
		activities related to its exen						
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Co						
11	Щ	An organization organized	and operated exclus	sively to test for public sa	ifety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	sively for the benefit of, to	perform :	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		-
		organization. You must o		* * * * * * * * * * * * * * * * * * * *	, ,			11 3
b		Type II. A supporting org	-		tion with it	te eunnort	ed organization(s), by ha	avina
			· ·					-
		control or management of			ame perso	ons mai co	ontrol or manage the sup	oported
		organization(s). You mus						
c	;		-					ed with,
	_	_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
C		☐ Type III non-functionally	<b>y integrated.</b> A supp	oorting organization oper	ated in co	nnection \	vith its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	tions). <b>You must cor</b>	mplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported of		, 3 11				
		vide the following information						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	``	(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
Tota	al							
							i	1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,413,903.	1,310,522.	1,263,494.	1,634,954.	1,836,207.	7,459,080.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,413,903.	1,310,522.	1,263,494.	1,634,954.	1,836,207.	7,459,080.
	The portion of total contributions			, ,			
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7,459,080.
	etion B. Total Support						,,100,,000.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,413,903.	1,310,522.	1,263,494.	1,634,954.	1,836,207.	7,459,080.
	Gross income from interest,	, , ,	, , .	, , ,	, , -	, , ,	, , .
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,504.	5.520.	254,818.	192.	5,185.	275,219.
9	Net income from unrelated business	7,001	0,0201			0,200	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•			6,315.	639.	535.	7,489.
44	assets (Explain in Part VI.)			0,313.	033.	333.	7,741,788.
	Gross receipts from related activities,	eta (see inetruetia				12	24,719.
12 13	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tox x			24,713.
13	organization, check this box and stor			•			
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (fl)		14	96.35 %
15	Public support percentage from 2021					15	88.59 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to				•	· ·	
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization						
		_			_		

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		<b>I</b>		1		
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
<u></u>	check this box and stop here ction C. Computation of Publ	lia Support Da	roontogo				·····
				l (f)		45	0/
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					10	<u>%</u>
				no 12 oolumn (f)\		17	20
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2022. If the						% 17 is not
198							I I IS HUL
	more than 33 1/3%, check this box a						
ľ	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in dia not check a	DOX OR LINE 14, 19	a, or 190, check th	nis dox and see in:	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
F		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
<u></u>		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea(see instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Sche	edule A (Form 990) 2022 DOMESTIC ABUSE SHELTER	INC.		59-2153608 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

	Part IV, Section A, lines 1, 2, 30, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							ction B, line 1e; Part V,				
SCHEI	DUL	ıΕ Α,	PART	II,	LINE	10,	EXPLAN	ATION	FOR	OTHER	INCOME:	
OTHER	R I	NCOM	E									
2020	ΑM	IOUNT	: \$	6,3	15.							
2021	AM	OUNT	: \$	639	•							
2022	ΑM	IOUNT	: \$	535	•							

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

DOMESTIC ABUSE SHELTER INC.

**Employer identification number** 59-2153608

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morching conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2022

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

Pai	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tr	easures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other records	, check	any of the	following tha	at make sigr	nificant use of	its
	collection items (check all that apply):							
а	Public exhibition	d		_oan or exc	hange progra	am		
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how th	ev further t	he organizati	on's exemp	t purpose in l	Part XIII.
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma							Yes No
Pai	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for	contribution	ns or other as	sets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII a							
								Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo						?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanatio	n has been	provided on	Part XIII		
Pai	T V Endowment Funds. Complete if	the organization ans	wered	"Yes" on Fo	orm 990, Par	t IV, line 10.		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d)	Three years ba	ick (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a	a)) held as:			•
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	-					
С	Term endowment 9	<del>/</del> 6						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organizat	tion tha	it are held a	ınd administe	ered for the		
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?				3b
4	Describe in Part XIII the intended uses of the	organization's endov	vment f	unds.				
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990,	Part IV	/, line 11a. S	See Form 990	), Part X, lin	e 10.	
	Description of property	(a) Cost or oth	ner	(b) Cost	or other	(c) Accı	umulated	(d) Book value
		basis (investme	ent)	basis	(other)	depre	ciation	
1a	Land			6	7,954.			67,954.
	Buildings							
	Leasehold improvements				9,629.		6,054.	203,575.
d	Equipment			9	5,085.	7	3,141.	21,944.
e	Other							
	. Add lines 1a through 1e. (Column (d) must ed		(, colun	nn (B), line 1	10c.)			293,473.

Schedule D (Form 990) 2022

	USE SHELTER I	NC. 59	-2153608 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of the organization and the organizat		11d. See Form 990, Part X, line 15.	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	Description	11d. See Form 990, Part X, line 15.	9,452.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	Description	11d. See Form 990, Part X, line 15.	` '
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	Description	11d. See Form 990, Part X, line 15.	9,452.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" (a) I  (1) DEPOSITS (2) OPERATING LEASE RIGHT OF I	Description	11d. See Form 990, Part X, line 15.	9,452.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" (a) I  (1) DEPOSITS (2) OPERATING LEASE RIGHT OF I  (3)	Description	11d. See Form 990, Part X, line 15.	9,452.

(7)	
(8)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

(9)

Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	134,857.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	134,857.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

144,309.

Par	t XI Reconciliation of Revenue per Audited Financial S	statements With	Revenue per R	eturr	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,887,511.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities		44,583.		
	Recoveries of prior year grants		4 056		
d	Other (Describe in Part XIII.)	2d	1,876.		46 450
	Add lines 2a through 2d			2e	46,459
	Subtract line 2e from line 1			3	1,841,052.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,841,052.
Par	t XII Reconciliation of Expenses per Audited Financial		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				1 550 015
	Total expenses and losses per audited financial statements			1	1,758,215.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	44 500		
	Donated services and use of facilities		44,583.	-	
	Prior year adjustments			-	
	Other losses		1 076	-	
	Other (Describe in Part XIII.)		1,876.		46 450
	Add lines 2a through 2d			2e	46,459.
3	Subtract line 2e from line 1			3	1,711,756.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	-			0.
	Add lines 4a and 4b			4c	1,711,756
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	9 18.)		5	1,/11,/30
		al 4. David IV/ linear 4h	and Oh. Dart V. line	4. David	V. line O. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4; Part	X, line 2; Part XI,
111162	20 and 45, and Part An, lines 20 and 45. Also complete this part to provide	any additional inton	mation.		
PAR	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENTS EXPENSES				1,876.
PAR	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	,				
SPE	CIAL EVENTS EXPENSES				1,876.
					·

Schedule D (Form 990) 2022

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DOMESTIC ABUSE SHELTER INC.

 $Employer\ identification\ number \\ 59-2153608$ 

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year did any pareen listed on Form 000 Part VIII. Section A. line to with respect to the filling					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а		4a		х		
h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
c						
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		v		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		<u> </u>		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHRYL SCHWAB	(i)	117,553.	34,495.	0.	4,727.	13,487.	170,262.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	[(II)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DOMESTIC ABUSE SHELTER INC.

**Employer identification number** 59-2153608

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PURPOSE IS TO REDUCE THE INCIDENCE AND MINIMIZE THE IMPACT OF
DOMESTIC ABUSE IN MONROE COUNTY BY DIRECTING THE APPROPRIATE, EFFECTIVE
PROGRAMS AND SERVICES TO VICTIMS.
FORM 990, PART VI, SECTION B, LINE 11B:
CEO AND EXECUTIVE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE FILING. DAS
BOARD MEMBERS ARE PROVIDED A FINAL COPY AFTER FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
WRITTEN AND VERBAL SELF-DISCLOSURE OF POSSIBLE CONFLICT IS DONE DURING
ORGANIZATION'S BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15:
REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS IN CONJUCTION WITH BUDGET
APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.
FORM 990, PART XII, LINE 2C
NO CHANGE FROM PRIOR YEAR.

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

Schedule O (Form 990) 2022