

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning **07/01/22** , and ending **06/30/23**

THE LAUREL CENTER INTERVENTION FOR **-***2535 DOMESTIC & SEXUAL VIOLENCE

Net Asset / Fund Balance at Beginning of Year 7,706,030

Revenue

Contributions	<u>2,662,247</u>	
Program service revenue		
Investment income	<u>8,774</u>	
Capital gain / loss	<u>-24,860</u>	
Fundraising / Gaming:		
Gross revenue	<u>39,871</u>	
Direct expenses	<u>39,871</u>	
Net income	<u>0</u>	
Other income	<u>-70,207</u>	
Total revenue		<u>2,575,954</u>

Expenses

Program services	<u>2,052,524</u>	
Management and general	<u>299,279</u>	
Fundraising	<u>37,032</u>	
Total expenses		<u>2,388,835</u>
Excess / (deficit)		<u>187,119</u>

Changes

Net Asset / Fund Balance at End of Year 7,893,149

Reconciliation of Revenue

Total revenue per financial statements	<u>2,660,715</u>	
Less:		
Unrealized gains		
Donated services	<u>7,051</u>	
Recoveries		
Other	<u>77,710</u>	
Plus:		
Investment expenses		
Other		
Total revenue per return	<u><u>2,575,954</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>2,473,596</u>	
Less:		
Donated services	<u>7,051</u>	
Prior year adjustments		
Losses		
Other	<u>77,710</u>	
Plus:		
Investment expenses		
Other		
Total expenses per return	<u><u>2,388,835</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>8,329,472</u>	<u>8,553,201</u>	
Liabilities	<u>623,442</u>	<u>660,052</u>	
Net assets	<u><u>7,706,030</u></u>	<u><u>7,893,149</u></u>	<u>187,119</u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/23
Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LAUREL CENTER INTERVENTION FOR DOMESTIC & SEXUAL VIOLENCE	D Employer identification number **-***2535
	Doing business as	
	E Telephone number 540-667-6160	
	G Gross receipts\$ 2,768,395	
F Name and address of principal officer: FAITH B. POWER, ED.D. P.O. BOX 14 WINCHESTER VA 22604		
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.THELAURELCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983
M State of legal domicile: VA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE EMERGENCY HOUSING, INTERVENTION, SUPPORT SERVICES TO VICTIMS OF DOMESTIC & SEXUAL ASSAULT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,320,892	Current Year 2,662,247
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,054	-16,086
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,802	-70,207
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,318,144	2,575,954
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,496,546	1,639,413
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	37,032	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	727,284	749,422
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,223,830	2,388,835	
19 Revenue less expenses. Subtract line 18 from line 12	1,094,314	187,119	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,329,472	End of Year 8,553,201
	21 Total liabilities (Part X, line 26)	623,442	660,052
	22 Net assets or fund balances. Subtract line 21 from line 20	7,706,030	7,893,149

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFFREY D MITCHELL		01/02/24		*****
	Firm's name	Firm's EIN			
	MITCHELL, BURNS & CO., P.C.	** - ***3459			
Firm's address		Phone no.			
110 E MARKET ST STE 200 LEESBURG, VA 20176		703-777-4900			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III 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 LAUREL CENTER WAS INCORPORATED IN 1983 AND OFFERS A COMPREHENSIVE PROGRAM OF EMERGENCY SHELTER, CRISIS INTERVENTION, CRIMINAL JUSTICE ADVOCACY, COUNSELING SUPPORT SERVICES, 24/7 HOTLINE (CONTINUE ON SCH. O)

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,480,367** including grants of\$) (Revenue \$)

THE LAUREL CENTER PROVIDES TRAUMA INFORMED SUPPORTIVE COUNSELING FOR SURVIVORS SEEKING SERVICES DUE TO DOMESTIC VIOLENCE, INCLUDING ADULTS, YOUTH AND CHILDREN, INDIVIDUALLY AND AS A GROUP AND AVAILABLE IN SPANISH AND ENGLISH. A CRITICAL ASPECT OF THE DV PROGRAM IS THE EMERGENCY SHELTER RESIDENCY PROGRAM, WHICH OFFERS EMERGENCY SHELTER AND SUPPORT SERVICES PRIMARILY FOR INDIVIDUALS (18 AND OLDER) AND THEIR DEPENDENT CHILDREN WHO ARE FLEEING DOMESTIC OR SEXUAL VIOLENCE. AGE-APPROPRIATE SERVICE COORDINATION IS PROVIDED TO ALL MEMBERS OF THE FAMILY WHILE IN RESIDENCE. RESIDENTS RECEIVE SUPPORT IN IDENTIFYING EMPLOYEMENT, HOUSING, AND OTHER SUPPORT OPPORTUNITIES IN THE COMMUNITY. IN ADDITION TO EMERGENCY SHELTER, THE CENTER PROVIDES THE FOLLOWING SUPPORT SERVICES: (CONTINUE ON SCH. O)

4b (Code:) (Expenses \$ **238,844** including grants of\$) (Revenue \$)

THE LAUREL CENTER PROVIDES TRAUMA INFORMED SUPPORTIVE COUNSELING FOR SURVIVORS SEEKING SERVICES DUE TO SEXUAL ASSAULT, INCLUDING ADULTS, YOUTH AND CHILDREN, INDIVIDUALLY AND AS A GROUP AND AVAILABLE IN SPANISH AND ENGLISH. SUPPORTIVE SERVICES INCLUDE: 24-HOUR HOTLINE, INDIVIDUAL COUNSELING, SUPPORT GROUPS, CHILD THERAPY SERVICES (AGES 5-17), HOSPITAL COMPANIONSHIP, CHILDSAFE CENTER COMPANIONSHIP, LEGAL ADVOCACY, INFORMATION AND REFERRALS, COMMUNITY EDUCATION AND AWARENESS.

4c (Code:) (Expenses \$ **333,313** including grants of\$) (Revenue \$)

THE LAUREL CENTER PROVIDES COUNSELING SERVICES TO CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE IN THEIR FAMILIES. COUNSELORS USE AGE APPROPRIATE TECHNIQUES, INCLUDING PLAY THERAPY FOR YOUNGER CHILDREN. OUR CHILDREN'S PROGRAM FOCUSES ON SAFETY PLANNING, WORKING THROUGH FEELINGS RELATED TO VIOLENCE, AND DEVELOPING SKILLS TO BREAK INTERGENERATIONAL CYCLES OF VIOLENCE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **2,052,524**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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	2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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).				
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			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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.				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section 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.		
	1a 7		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 7		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

FAITH B. POWER, ED.D.
WINCHESTER

P.O. BOX 14

VA 22604

540-667-6160

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BRADY SMITH PRESIDENT	1.00 0.00	X		X				0	0	0
(2) TIMOTHY M. MAYFIELD TREASURER	1.00 0.00	X		X				0	0	0
(3) ANGIE ORDONEZ SECRETARY	1.00 0.00	X		X				0	0	0
(4) KAREN DALEY DIRECTOR	1.00 0.00	X						0	0	0
(5) BRAD HODGSON DIRECTOR	1.00 0.00	X						0	0	0
(6) SABRINA MULLINS DIRECTOR	1.00 0.00	X						0	0	0
(7) WILLIAM E. SALES, JR DIRECTOR	1.00 0.00	X						0	0	0
(8) FAITH B. POWER, ED.D. EXECUTIVE DIRECTOR	40.00 0.00			X				111,325	0	6,009
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	67,923				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,594,324				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$ 67,689				
	h Total. Add lines 1a-1f		2,662,247				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,774			8,774	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	50,000			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	74,860				
	c Gain or (loss)	7c	-24,860				
	d Net gain or (loss)		-24,860			-24,860	
8a Gross income from fundraising events (not including \$ 67,923 of contributions reported on line 1c). See Part IV, line 18	8a		39,871				
		8b	39,871				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a		7,503				
		10b	77,710				
c Net income or (loss) from sales of inventory		-70,207			-70,207		
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,575,954	0	0	-86,293	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	127,457	63,729	38,237	25,491
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,350,319	1,292,301	54,957	3,061
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49,941	47,359	2,582	
10 Payroll taxes	111,696	102,968	6,621	2,107
11 Fees for services (nonemployees):				
a Management				
b Legal	1,030		1,030	
c Accounting	25,824		25,824	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,739	14,819	6,920	
12 Advertising and promotion				
13 Office expenses	27,358	20,255	6,284	819
14 Information technology				
15 Royalties				
16 Occupancy	32,814	32,814		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,194		21,194	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	222,660	168,606	54,054	
23 Insurance	27,030	8,067	18,963	
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 O.)				
a CLIENT SUPPORT & SERVICES	86,261	85,354	841	66
b REPAIRS & MAINTENANCE	82,078	62,427	19,651	
c UTILITIES	43,965	28,792	15,173	
d SUPPLIES	43,812	34,434	9,293	85
e All other expenses	113,657	90,599	17,655	5,403
25 Total functional expenses. Add lines 1 through 24e	2,388,835	2,052,524	299,279	37,032
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,207,119	1	
	2 Savings and temporary cash investments	684,462	2	1,644,149
	3 Pledges and grants receivable, net	356,231	3	591,408
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	83,772	8	22,921
	9 Prepaid expenses and deferred charges	12,215	9	8,471
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,216,422		
	b Less: accumulated depreciation	10b 1,019,895	10c	6,196,527
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	12,456	12	13,618
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	76,107
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,329,472	16	8,553,201	
Liabilities	17 Accounts payable and accrued expenses	423,442	17	75,831
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	200,000	24	507,899
	25 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		25	76,322
	26 Total liabilities. Add lines 17 through 25	623,442	26	660,052
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,643,722	27	7,843,514
	28 Net assets with donor restrictions	62,308	28	49,635
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,706,030	32	7,893,149	
33 Total liabilities and net assets/fund balances	8,329,472	33	8,553,201	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,575,954
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,388,835
3	Revenue less expenses. Subtract line 2 from line 1	3	187,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,706,030
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,893,149

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

**THE LAUREL CENTER INTERVENTION FOR
DOMESTIC & SEXUAL VIOLENCE**

Employer identification number

****-***2535**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,905,124	2,641,366	3,075,099	3,320,898	2,662,247	14,604,734
2 Tax revenues levied for the organization'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	2,905,124	2,641,366	3,075,099	3,320,898	2,662,247	14,604,734
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,604
6 Public support. Subtract line 5 from line 4						14,581,130

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,905,124	2,641,366	3,075,099	3,320,898	2,662,247	14,604,734
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,968	1,015	4,071	2,415	8,774	19,243
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,336	3,000	5,070		7,503	35,909
11 Total support. Add lines 7 through 10						14,659,886

12 Gross receipts from related activities, etc. (see instructions) 12 33,453

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.46%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%

- 16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		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? <i>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.</i>		
	2a		
b		Yes	No
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j 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			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER \$ 28,406

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE LAUREL CENTER INTERVENTION FOR DOMESTIC & SEXUAL VIOLENCE

Employer identification number

-*2535

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

THE LAUREL CENTER INTERVENTION FOR

Employer identification number

**** - ***2535**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VA DEPARTMENT OF SOCIAL SERVICES 801 EAST MAIN STREET RICHMOND VA 23219	\$ 1,003,471	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF CRIMINAL JUSTICE 1100 BANK STREET 12TH FLOOR RICHMOND VA 23219	\$ 889,262	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VA DEPARTMENT OF HOUSING & COMMUNITY 600 E MAIN ST SUITE 300 RICHMOND VA 23219	\$ 65,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2022

Open to Public Inspection

Name of the organization

THE LAUREL CENTER INTERVENTION FOR DOMESTIC & SEXUAL VIOLENCE

Employer identification number

-*2535

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts of revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		937,567		937,567
b Buildings		5,560,184	624,217	4,935,967
c Leasehold improvements				
d Equipment		718,671	395,678	322,993
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,196,527

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X 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	76,322
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	76,322

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	2,660,715
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	7,051	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	77,710	
	e Add lines 2a through 2d		2e	84,761
3	Subtract line 2e from line 1		3	2,575,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,575,954

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,473,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	7,051	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	77,710	
	e Add lines 2a through 2d		2e	84,761
3	Subtract line 2e from line 1		3	2,388,835
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,388,835

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES. IN ADDITION, THE CENTER HAS NO UNRELATED BUSINESS TAXABLE INCOME. THE CENTER HAS ADOPTED THE GUIDANCE UNDER ASC TOPIC 740, INCOME TAXES AND MANAGEMENT HAS EVALUATED THE CENTER'S TAX POSITIONS AND CONCLUDED THAT THE CENTER HAS TAKEN NO UNCERTAIN TAX PROVISIONS THAT WOULD REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. INCOME TAX YEARS OPEN FOR IRS INSPECTION INCLUDE YEARS ENDED 2019, 2020, 2021 AND 2022.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Part XIII Supplemental Information *(continued)*

THRIFT SHOP EXPENSES REPORTED AS COGS \$ **77,710**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

THRIFT SHOP EXPENSES REPORTED AS COGS \$ **77,710**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**THE LAUREL CENTER INTERVENTION FOR
DOMESTIC & SEXUAL VIOLENCE**

Employer identification number

****-***2535**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OTHER EVENTS (event type)	CASH PARTY (event type)	5 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	44,309	38,606	24,879	107,794
	2 Less: Contributions	22,534	25,435	19,954	67,923
	3 Gross income (line 1 minus line 2)	21,775	13,171	4,925	39,871
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,775	13,171	4,925	39,871
	10 Direct expense summary. Add lines 4 through 9 in column (d)				39,871
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

****-***2535**

DOMESTIC & SEXUAL VIOLENCE

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		59,684	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()	X	1	8,005	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

**Open to Public
Inspection**

Name of the organization THE LAUREL CENTER INTERVENTION FOR DOMESTIC & SEXUAL VIOLENCE	Employer identification number ** - ***2535
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE IRS FORM 990 BEFORE IT
IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE CENTER'S PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE
DIRECTOR INCLUDES USE OF DATA ON COMPENSATION FOR SIMILARLY QUALIFIED
PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, CONTEMPORANEOUS DOCUMENTATION
AND RECORDKEEPING, AND REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE
BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
THRIFT SHOP EXPENSES REPORTED AS COGS	\$ 77,710
THRIFT SHOP EXPENSES REPORTED AS COGS	\$ -77,710

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS
THE FINANCE COMMITTEE OVERSEES THE ANNUAL FINANCIAL AUDIT. THE FINANCE
COMMITTEE MEETS ANNUALLY WITH THE AUDITOR TO REVIEW THE AUDIT RESULTS AND
TO DISCUSS SPECIFIC ASPECTS OF THE AUDIT FUNCTION. THE FINANCE COMMITTEE

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

Schedule O (Form 990) 2022

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **THE LAUREL CENTER INTERVENTION FOR
DOMESTIC & SEXUAL VIOLENCE**

Identifying number
****-***2535**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	222,660

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	222,660
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
1	FILE CABINET	7/14/89	95			95	10	MO S/L	95	0
2	EMERGENCY LIGHTING	2/10/93	998			998	10	MO S/L	998	0
3	BED	8/20/99	630			630	10	MO S/L	630	0
4	CLOSED CIRCUIT TV/SECURITY	7/19/01	1,571			1,571	10	MO S/L	1,571	0
5	IN FOCUS DATA PROJECTOR	5/19/04	1,398			1,398	10	MO S/L	1,398	0
	Sold/Scrapped: 10/01/22									
6	BEDS	11/10/03	1,010			1,010	7	MO S/L	1,010	0
7	REFRIGERATOR DONATION	6/30/05	430			430	10	MO S/L	430	0
8	DESK	11/29/05	1,109			1,109	7	MO S/L	1,109	0
9	OFFICE CHAIR	8/30/05	215			215	7	MO S/L	215	0
10	MATTRESSES FOR RESIDENCE	8/27/07	587			587	5	MO S/L	587	0
11	OFFICE CHAIR	1/31/08	80			80	7	MO S/L	80	0
12	402 N. CAMERON ST.	4/09/08	523,084			523,084	0	-- Land	0	0
13	SONY CD/DVD PLAYER	2/20/09	42			42	5	MO S/L	42	0
14	BROYHILL HEIRLOOM DINING	4/30/09	1,579			1,579	7	MO S/L	1,579	0
15	PLAYROOM FURNITURE	5/20/09	4,214			4,214	7	MO S/L	4,214	0
16	SHOWSTYLE PRESENTATION S	6/11/09	700			700	7	MO S/L	700	0
17	402 N. Cameron (2009 Additions)	6/30/09	119,956			119,956	0	-- Land	0	0
18	402 N. Cameron (to adjust FYE 08	6/30/08	44,197			44,197	39	MO S/L	3,399	1,133
19	Equipment (to adjust FYE 08 balanc	6/30/08	4,485			4,485	0	MO S/L	0	0
20	Flat screen monitor	9/29/09	130			130	5	MO S/L	130	0
21	Dell Laptop w/ Adapter SA Prgrm C	10/29/10	785			785	5	MO S/L	785	0
22	Telephone System	5/09/11	8,462			8,462	10	MO S/L	8,462	0
23	Sofa & Half Chair for Residence	6/14/11	1,000			1,000	7	MO S/L	1,000	0
24	402 N. Cameron St.	7/01/10	76,899			76,899	0	-- Land	0	0
25	402 N. Cameron St.	7/09/10	70,379			70,379	0	-- Land	0	0
26	HP Omni 220-1035 All-in-one PC D	1/09/12	650			650	5	MO S/L	650	0
27	Projector - InFocusIN112 Projector	4/17/12	319			319	5	MO S/L	319	0
	Sold/Scrapped: 8/01/22									
28	Acer LCD 20 Monitor	7/17/12	130			130	5	MO S/L	130	0
29	Linksys wireless router	7/18/12	107			107	5	MO S/L	107	0
30	402 N. Cameron additions	6/30/13	1,421,462			1,421,462	39	MO S/L	182,240	36,448
31	Capitalized interest	6/30/13	8,297			8,297	39	MO S/L	1,065	213
32	PC Desk Cart	9/16/13	116			116	5	MO S/L	116	0
33	45 Half Desk	10/15/13	310			310	5	MO S/L	310	0
34	Screen Door	1/23/14	307			307	5	MO S/L	307	0
35	Dell Inspiron 660s PC	1/23/14	400			400	5	MO S/L	400	0
	Sold/Scrapped: 7/01/22									
36	45 Half Desk	4/14/14	325			325	5	MO S/L	325	0
	Sold/Scrapped: 7/01/22									
37	2 Drawer Letter File Cabinet	4/18/14	185			185	5	MO S/L	185	0
38	Portable Projector	4/23/14	450			450	5	MO S/L	450	0
39	Dry Erase Easel	5/14/14	179			179	5	MO S/L	179	0
40	50 Diagonal Tabletop Projector	5/14/14	105			105	5	MO S/L	105	0
41	402 N. Cameron St.	6/30/14	88,277			88,277	39	MO S/L	11,320	2,264
42	402 N. Cameron Street	6/30/15	4,623			4,623	39	MO S/L	595	119
43	vehicles		0			0	0	HY	0	0
44	LED Pocket Projector - Moffitt	1/25/16	289			289	5	MO S/L	289	0
45	LED Pocket Projector - Myers	1/25/16	289			289	5	MO S/L	289	0
46	Laptop for Adriana	8/17/15	751			751	5	MO S/L	751	0
47	Capitalized Interest	6/30/16	2,522			2,522	39	MO S/L	325	65
48	17cf freezer	6/19/17	1,000			1,000	5	MO S/L	1,000	0
49	55 flat screen television	6/19/17	1,100			1,100	5	MO S/L	1,100	0
50	Refrigerator	6/21/17	1,100			1,100	5	MO S/L	1,100	0
51	17.6cf GE Refrigerator	6/21/17	900			900	5	MO S/L	900	0
52	(2) SBFUR brown leather loveseat	6/21/17	5,600			5,600	7	MO S/L	4,000	800
53	(2) SAMMO Aunt Jane Club Chair	6/21/17	1,400			1,400	7	MO S/L	1,000	200
54	Leather burgundy sofa	6/21/17	3,700			3,700	7	MO S/L	2,645	529
55	Leather sofa	6/21/17	2,729			2,729	7	MO S/L	1,950	390
56	(2) SAMMO Aunt Jane Club Chair	6/21/17	1,500			1,500	7	MO S/L	1,070	214
57	7'10" x 10'10" rectangular magnolia	6/23/17	799			799	5	MO S/L	799	0
58	7'10" x 10'10" rectangular casablanc	6/23/17	599			599	5	MO S/L	599	0
59	6'7" x 9'6" rectangular allure rug	6/23/17	599			599	5	MO S/L	599	0
60	7'10" x 11" rectangular generations	6/23/17	749			749	5	MO S/L	749	0
61	HP all in one desktop	6/27/17	780			780	5	MO S/L	780	0
62	(6) Double Wardrobe	6/28/17	8,578			8,578	7	MO S/L	6,125	1,225
63	Dining table	6/29/17	2,476			2,476	7	MO S/L	1,770	354
64	Infinity Single Tier Locker	6/29/17	1,432			1,432	5	MO S/L	1,432	0
65	Capitalized Interest - Construction L	6/30/17	1,574			1,574	4	MO S/L	1,574	0
66	402 N. Cameron Street	2/03/17	251,790			251,790	39	MO S/L	32,280	6,456

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
67	Apple Iphone 7 & Otterbox defende	5/25/17	650			650	5 MO S/L	650	0	
68	402 N. Cameron Street	5/15/17	9,734			9,734	39 MO S/L	1,250	250	
69	402 N. Cameron Street	6/13/17	4,965			4,965	39 MO S/L	635	127	
70	402 N. Cameron Street	5/01/17	4,761			4,761	39 MO S/L	610	122	
71	BUILDINGS		0			0	0 HY	0	0	
72	EQUIPMENT		0			0	0 HY	0	0	
73	LAND		0			0	0 HY	0	0	
74	430N. CAMERON STREET		0			0	0 HY	0	0	
75	10.5 IPAD PRO 512GB	9/01/17	850			850	5 MO S/L	822	28	
76	10.5 IPAD PRO 512GB	9/01/17	850			850	5 MO S/L	822	28	
77	10.5 IPAD PRO 512GB	9/01/17	850			850	5 MO S/L	822	28	
78	WIRELESS INTERNET INSTALL	12/04/17	3,769			3,769	5 MO S/L	3,456	313	
79	MAIL SORTER TABLE W/ SHELF AND C	1/05/18	1,252			1,252	5 MO S/L	1,125	127	
80	7'6 X 9'6 RECTANGULAR RUG AND PA	1/11/18	1,328			1,328	5 MO S/L	1,197	131	
81	8'X 11' REGTANGULAR MINERAL BLU	1/11/18	1,421			1,421	5 MO S/L	1,278	143	
82	8'X 11' REGTANGULAR TAN RUG AND	1/11/18	973			973	5 MO S/L	877	96	
83	7'6 X 10'5 RECTANGULAR MOCHA RU	1/11/18	7,873			7,873	5 MO S/L	7,087	786	
84	PREFIX SYSTEMS FURNITURE - CUBIC	10/26/17	41,404			41,404	5 MO S/L	38,645	2,759	
85	SOFA SET	1/11/18	900			900	7 MO S/L	580	129	
86	CONSOLE SOFA TABLE	1/12/18	700			700	7 MO S/L	450	100	
87	BED AND MATTRESS	1/12/18	980			980	7 MO S/L	630	140	
88	SOFA SET	1/16/18	900			900	7 MO S/L	570	129	
89	DOUBLE LATERAL FILE CREDENZA	1/17/18	2,163			2,163	5 MO S/L	1,912	251	
90	COMCAST PHONE/WIFI/CABLE INSTA	1/25/18	1,347			1,347	5 MO S/L	1,188	159	
91	PHASE THREE POWER	2/05/18	1,400			1,400	5 MO S/L	1,237	163	
92	CARD READER INSTALL - CONFEREN	3/12/18	2,117			2,117	5 MO S/L	1,833	284	
93	CARPET INSTALLATION - CONFEREN	5/10/18	3,104			3,104	7 MO S/L	1,846	443	
94	18.58CF UPRIGHT STAINLESS STEEL F	6/13/18	2,114			2,114	5 MO S/L	1,727	387	
95	WHIRLPOOL 24.7CF FRENCH DOOR RE	6/13/18	1,889			1,889	5 MO S/L	1,543	346	
96	18.58CF UPRIGHT STAINLESS STEEL F	6/19/18	2,114			2,114	5 MO S/L	1,692	247	
	Sold/Scrapped: 2/01/22									
97	MAXX COLD 49CF 2 DOOR COMMERC	6/19/18	3,250			3,250	5 MO S/L	2,600	650	
98	DELUXE 10' EVENT TENT	6/20/18	589			589	5 MO S/L	472	117	
99	OPTIPLEX 750 PC - L. HARDESTY	6/20/18	779			779	5 MO S/L	624	155	
100	FY18 BUILDING ADDITIONS/COMPLET	4/01/18	2,018,987			2,018,987	39 MO S/L	220,018	51,769	
101	FY18 CAPITALIZED INTEREST	4/01/18	23,409			23,409	39 MO S/L	2,550	600	
102	PLAYGROUND	6/24/19	50,000			50,000	10 MO S/L	15,000	5,000	
103	CONFERENCE ROOM FURNITURE	4/23/19	25,541			25,541	5 MO S/L	16,175	5,108	
104	SHELVES	4/11/19	2,500			2,500	5 MO S/L	1,625	500	
105	LAND	4/18/19	160,732			160,732	0 -- Land	0	0	
106	430 N. CAMERON STREET	4/18/19	46,664			46,664	39 MO S/L	3,790	1,197	
107	CHILD THERAPIST AND REAR MEETIN	10/25/18	6,465			6,465	5 MO S/L	4,741	1,293	
108	VIDEO CONFERENCE EQUIPMENT	5/08/19	3,055			3,055	5 MO S/L	1,935	611	
109	MISC. OFFICE FURNITURE - PATTON'S	6/27/19	5,318			5,318	5 MO S/L	3,192	1,064	
110	COPIER	5/03/19	4,987			4,987	5 MO S/L	3,157	997	
111	INTERCOM SYSTEM	5/15/19	1,809			1,809	5 MO S/L	1,146	362	
112	SECURITY BADGE PRINTER	5/15/19	4,995			4,995	5 MO S/L	3,164	999	
113	MISC. OFFICE FURNITURE - PATTON'S	6/27/19	11,417			11,417	5 MO S/L	6,849	2,283	
114	ARTWORK - IN-KIND	11/27/18	8,100			8,100	5 MO S/L	5,805	1,620	
115	FY 19 FURNITURE IN-KIND - PATTON'S	6/30/19	30,561			30,561	5 MO S/L	18,336	6,112	
116	SHELTER FURNISHINGS	5/02/19	49,170			49,170	5 MO S/L	31,141	9,834	
117	Security System with Access Control	5/04/20	5,817			5,817	5 MO S/L	2,520	1,163	
118	Document Mgmt System Hardware and Sof	6/14/20	47,571			47,571	5 MO S/L	19,821	9,514	
119	HVAC System Replacement	6/24/20	7,633			7,633	7 MO S/L	2,180	1,090	
120	145 Baker St. Building	11/07/19	121,164			121,164	39 MO S/L	8,285	3,107	
121	145 Baker St. Land	11/07/19	61,202			61,202	0 -- Land	0	0	
122	2020 GMC G10 Van	10/21/19	29,500			29,500	5 MO S/L	15,733	5,900	
123	(3) Allen Display Kiosks	6/29/20	11,670			11,670	5 MO S/L	4,668	2,334	
124	Learning Management System	6/29/20	10,789			10,789	5 MO S/L	4,316	2,158	
125	JustTech Copier	6/05/20	4,995			4,995	5 MO S/L	2,081	999	
126	Apple Macbook	6/30/20	3,474			3,474	5 MO S/L	1,390	695	
127	gazebo	6/25/20	4,935			4,935	5 MO S/L	1,974	987	
128	2021 Volkswagen Atlas	11/19/20	44,343			44,343	5 MO S/L	14,042	8,869	
129	Heat Pump	6/09/21	12,698			12,698	10 MO S/L	1,376	1,270	
130	Security System Upgrade	6/09/21	16,403			16,403	10 MO S/L	1,777	1,640	
131	Parking Lot	6/30/21	201,563			201,563	15 MO S/L	13,438	13,438	
132	Cafe Furniture	6/30/22	60,293			60,293	10 MO S/L	0	6,029	
133	Cafe Improvements	3/01/23	861,551			861,551	39 MO S/L	0	7,364	
134	Ice Machine	6/30/22	3,260			3,260	5 MO S/L	0	652	
135	Camera Upgrades	6/01/22	14,685			14,685	10 MO S/L	122	1,469	
136	Cafe Cameras	6/01/22	10,018			10,018	10 MO S/L	83	1,002	
137	430N. Improvements		0			0	0 HY	0	0	

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
138	430N. Equipment/Fixtures		0			0	0	HY	0	0
139	Video/Sound Equipment	12/29/22	1,269			1,269	5	MO S/L	0	127
140	Single Door Commercial Freezer	1/24/23	2,819			2,819	10	MO S/L	0	117
141	16 macbook pro	2/22/23	4,230			4,230	5	MO S/L	0	282
142	Workstation	5/08/23	3,255			3,255	5	MO S/L	0	109
143	Cafe Improvements FY23	3/01/23	418,224			418,224	39	MO S/L	0	3,575
144	Tabletop Glass	11/17/22	1,978			1,978	10	MO S/L	0	115
145	PA System	6/30/23	73,585			73,585	10	MO S/L	0	0
146	Partial Sale of Land	6/30/23	-74,685			-74,685	0	-- Land	0	0
147	Hadco Decorative Poles	5/01/23	15,471			15,471	10	MO S/L	0	258
Total Other Depreciation			<u>7,220,979</u>			<u>7,220,979</u>			<u>800,973</u>	<u>222,660</u>
Total ACRS and Other Depreciation			<u>7,220,979</u>			<u>7,220,979</u>			<u>800,973</u>	<u>222,660</u>
Grand Totals			7,220,979			7,220,979			800,973	222,660
Less: Dispositions and Transfers			4,556			4,556			4,134	247
Less: Start-up/Org Expense			0			0			0	0
Net Grand Totals			<u>7,216,423</u>			<u>7,216,423</u>			<u>796,839</u>	<u>222,413</u>

Tax-Exempt Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 8,774		14			
TOTAL	<u>\$ 8,774</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTANTS	\$ 15,130	\$ 11,574	\$ 3,556	\$
OTHER PROFESSIONAL FEES	6,609	3,245	3,364	
TOTAL	\$ 21,739	\$ 14,819	\$ 6,920	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
STAFF DEVELOPMENT	\$ 35,078	\$ 35,048	\$ 30	\$
TELEPHONE & COMMUNICATION	35,066	31,197	3,869	
MEMBERSHIP DUES	12,679	2,834	9,086	759
GRANT REFUND	11,670	11,670		
FEES CHARGED	9,106	4,188	3,390	1,528
OTHER	5,064	3,733	1,215	116
PUBLIC AWARENESS	4,992	1,927	65	3,000
	2	2		
TOTAL	\$ 113,657	\$ 90,599	\$ 17,655	\$ 5,403

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANONYMOUS	\$ 310,000	\$ 16,802
GERALD & KAYE SMITH	165,000	
HOWARD & JOAN LEWIS	300,000	6,802
LLOYD & SUSAN ROSS	55,000	
TOTAL	<u>\$ 830,000</u>	<u>\$ 23,604</u>

Federal Statements

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
CASH PARTY	\$
PURSE	
OTHER EVENTS	
TOTAL	\$ <u><u>0</u></u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
GOOD THINGS RETAIL	\$ 7,503
TOTAL	\$ <u><u>7,503</u></u>