PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TEREBINTH REFUGE Name change 81-3807059 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 110 SECOND STREET SOUTH 231 320-828-7721 ,252,293. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 56387 WAITE PARK, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CYNTHIA TERLOUW for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.TEREBINTHREFUGE.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2017 M State of legal domicile: MN Trust Part I Summary Briefly describe the organization's mission or most significant activities: CHRIST-CENTERED SHELTER AND SAFE **Activities & Governance** HOME FOR SEXUALLY EXPLOITED AND TRAFFICKED WOMEN. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 39 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** $1,124,1\overline{21}$. 1,221,108. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 39. -5,268. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -34,944.-31,518. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,089,216. 184,322. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,232. 335. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 618,154. 674,713. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 252,936. 285,987. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 871,425. 961,932. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 217,791. 222,390. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 502,575. 748,728. Total assets (Part X, line 16) 25,372. $28,2\overline{11}$. 21 Total liabilities (Part X, line 26) 三年 203. $\overline{7}20,517$ Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CYNTHIA TERLOUW, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MARIE A. PRIMUS, CPA 05/05/23 self-employed MARIE A. PRIMUS, CPA P01272184 Paid Firm's name BERGANKDV, LTD. Firm's EIN 41-1431613 Preparer Firm's address 220 PARK AVE S Use Only Phone no. 320 - 251 - 7010ST. CLOUD, MN 56301 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	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:
	A CHRIST-CENTERED NONPROFIT SHELTER AND SAFE HOME THAT BRINGS HOPE,
	HEALING SERVICES, AND FREEDOM TO SEXUALLY EXPLOITED AND TRAFFICKED
	WOMEN. WE PROVIDE LONG-TERM HOLISTIC SERVICES WITH THE GOAL OF
	TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABILITY,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? X 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?
	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.
 4а	(Code:) (Expenses \$ 384 , 896 • including grants of \$) (Revenue \$)
Tu	THE SHELTER PROGRAM IS THREE PHASES OF HOLISTIC HEALING IN FOUR AREAS:
	1) BODY, 2) MIND, 3) SOUL, 4) SPIRIT. WOMEN IDENTIFY GOALS IN EACH AREA
	AND WORK WITHIN AN INDIVIDUAL CASE PLAN.
	SINCE WE OPENED OUR DOORS IN APRIL 2018, THERE HAVE BEEN A TOTAL OF 166
	INTAKES, IN WHICH WE HAVE SUPPORTED 124 WOMEN AND 7 CHILDREN, WHO
	RECEIVED EMERGENCY SHELTER AND SERVICES (42 WERE MULTIPLE ENTRIES) AND
	WE HAVE RESPONDED TO 711 CRISIS CALLS.
	2022 HIGHLIGHTS
	- RECEIVED 84 CRISIS CALLS.
	- 24 WOMEN SERVED IN THE SHELTER.
4b	(Code:) (Expenses \$138,221. including grants of \$) (Revenue \$)
	THE HEALTH AND WELLNESS PROGRAM INCLUDES A REGISTERED NURSE, MENTAL HEALTH SERVICES, TRAUMA THERAPIES, SUPPORT GROUPS, INDEPENDENT LIFE
	SKILLS, RECREATION, AND LEISURE ACTIVITIES.
	DRIBBO, RECREATION, AND BEIDONE ACTIVITIES.
	2022 HIGHLIGHTS
	- 5 WOMEN ATTENDED DRUG TREATMENT
	- 13 WOMEN PARTICIPATED IN HORSE THERAPEUTIC PROGRAMMING.
	- 23 WOMEN BENEFITED FROM THERAPEUTIC DOG INTERACTIONS.
	- 24 RESIDENTS ENGAGED IN LEARNING VARIOUS HOUSEHOLD INDEPENDENT LIVING
	SKILLS
	- 24 RESIDENTS RECEIVED AN ASSESSMENT FROM OUR REGISTERED NURSE AND HAD
	ACCESS TO MEDICAL CARE AND MENTAL HEALTH SERVICES
4c	(Code:) (Expenses \$126,691. including grants of \$) (Revenue \$)
	EMPLOYMENT READINESS TEACHES EMPLOYMENT SKILLS STARTING AT THE BASICS
	AND ADVANCING TO RESUME BUILDING AND MOCK INTERVIEWS. FROM THERE WOMEN
	WORK IN THE HOPE & HEALING STORE, GIVING THEM AN OPPORTUNITY TO PRACTICE SKILLS LEARNED AND STRENGTHEN THEIR RESUMES. 20 WOMEN
	COMPLETED THIS PROGRAM.
	COMIDETED THIS INCOMM.
	IN 2022 WE WERE GIFTED TWO ADDITIONAL HOMES, ONE CURRENTLY BEING USED
	AS THE HOPE & HEALING WORK SPACE. THE FOURTH HOUSE USE IS BEING
	DETERMINED AS FOR HOW IT WILL BE USED BUT IS RECEIVING MINOR COSMETIC
	UPGRADES AND REPAIR. OUR HOPE & HEALING STORE (SOCIAL ENTERPRISE) HAD
	THE OPPORTUNITY TO IDENTIFY WAYS IT CAN BE SCALED AND THEN COACHED IN
	THOSE IDEAS. CURRENTLY THE HOPE & HEALING STORE HAS 6 CONSIGNMENT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 93,788 • including grants of \$ 729 •) (Revenue \$
4e	Total program service expenses 743,596.
	Form 990 (2022)

Form 990 (2022) TEREBINTH REFUGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

, journal of	Part IV	Checklist of Required Schedules	(continued
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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 21 "Pice," complete Schedule I, Parts I and III 22 Parts IX, control (R), line 21 "Pice," complete Schedule I, Parts I and III 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, functions, line 3.4, or 5, about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." for to line 25a 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? did bit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? did bit the organization and a since any tax-evempt bonds and since a refunding escrow at any time during the year to defease any tax-evempt bonds? did bit the organization and a since any tax-evempt bonds and the properties of the organization and the year of the year to defease any tax-evempt bonds? did bit the organization and any time and solicy(290 organizations. Did the organization and any time year? did bit the organization and any time the year? If "Yes," complete Schedule I, Part I bit the organization and any time the year? If "Yes," complete Schedule I, Part I bit the organization and the reported on any of the organization spot or 960-272 If "Yes," complete Schedule I, Part II Did the organization reported any any time personal II yes, complete Schedule I, Part III with organization reported any organization and year organization reported any organization and year organization reported any organization and year organization reported any organization with one of the follo		i tommos,		Yes	No
Part X. column (A), line 2? if "Yes," complete Schedule I, Parts I and III 22 23 Did the organization naives" yet* to Part VIII, 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 I and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the view of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II in the year that was sessed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II in the year to defease any tax-exempt bonds? 24b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization minest and a scrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization average and the year of the year of the defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified poson in a prior year, and that the transaction with a disqualified poson in a prior year, and that the transaction has not been reported on any of the organization provide 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 I, Part II Section 10 organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete S	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24 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 \$1, 2002? If "Yes," inswer lines \$24b through \$24d and complete Schedule K. If "No," to to line \$25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization amariatian an escrow account other than a refunding escrow at any time during the year? 24c Did the organization and an organization invest any and \$100,000 and \$100,00			22		х
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Schedule / II was 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 25e. Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization manitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization manitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization manitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 24d 25e Sections 2016(3), \$501(4)(4) and \$501(2)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I. Part I 25a b is the organization aware that the graged 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 E27 If "Yes," complete Schedule I. Part II 25b b is the organization approach and any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustacke, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I. Part II 25b organization provide a grant or other assistance to any current or former officer, director, fustacke, key employee, creator or former officer, director, fustacke, key employee thereof, agrant selection committee emether, or it a 35% controlled entity (including an employee thereof) or family member of any					
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contributions? If "Yes," complete Schedule M 30		• •	29	Λ	
Did the organization liquidate, terminate, or dissolve and cease operations? f "Yes," complete Schedule N, Part I 31 32 32 33 34 32 32 33 34 34	30		20		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 2	21				X
Schedule N, Part II 32 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 36c 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 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 V III and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 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			31		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	32	,	32		х
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 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 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	34				
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Check if Schedule O contains a response or note to any line in this Part V 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	38				
Check if Schedule O contains a response or note to any line in this Part V Yes 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		Note: All Form 990 filers are required to complete Schedule O	38	X	ı
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	Par	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
			Ц		
(gambling) winnings to prize winners?	С				
232004 12-13-22 Form 990 (2		(gambling) winnings to prize winners?	1c	X	

	990 (2022) TEREBINTH REFUGE	81-3807	059	P	age ସ
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	ı	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	20			
	filed for the calendar year ending with or within the year covered by this return	2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	· ·	4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		_
р	If "Yes," enter the name of the foreign country				
E.o.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		Eo.		х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	<u>5a</u> 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 00		
oa	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 contribution		- Ou		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44-1			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
b	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4051, 4052 or 40532	,	17	i .	i

If "Yes," complete Form 6069.

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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 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 Another's website X Upon request Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 320-828-7721

Form **990** (2022)

110

SECOND STREET SOUTH, 231, WAITE PARK.

56387

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization							sate	ed any current officer, d				
(A)	(B)			D-:	C)			(D)	(E)	(F)		
Name and title	Average	(do	not c	Pos heck		1 than	one	Reportable	Reportable	Estimated		
	hours per					is botl or/trus		compensation	compensation	amount of		
	week (list any		T	T		T	100)	from the	from related organizations	other compensation		
	hours for	direct	lirect		organization	(W-2/1099-MISC/	from the					
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related		
	below	Individual trustee or director	Institutional trustee	Ja.	Key employee	Highest compensated employee	Jer			organizations		
	line)	Indi	Insti	Officer	Key	High	Former					
(1) CYNTHIA TERLOUW	40.00								_			
EXECUTIVE DIRECTOR				Х		<u> </u>		71,804.	0.	3,651.		
(2) MIKE HOUSMAN	1.00											
CHAIR		Х		Х		_		0.	0.	0.		
(3) TODD ZAUN	1.00											
VICE CHAIR		Х		Х		_		0.	0.	0.		
(4) MICHAEL CONTARDO	1.00	l										
SECRETARY/TREASURER	1 00	Х		Х				0.	0.	0.		
(5) CHERIE MILLER	1.00	l										
BOARD MEMBER	1 00	Х						0.	0.	0.		
(6) MICHAEL MILBAUER	1.00	l								•		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(7) DAVID BENTRUD	1.00	l										
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.		
(8) LES ENGEL	1.00	l								•		
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.		
(9) KATHY MAYHEW	1.00									•		
BOARD MEMBER	1 00	Х				_		0.	0.	0.		
(10) MICK MAYHEW	1.00	٠,								•		
BOARD MEMBER		X				┢		0.	0.	0.		
		-										
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		1										
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Form 990 (2022)

Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	Hi ₀	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	=)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable		Estim	nated
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	ו ו	amou	
	week		Cei aii		II ecit	T	(66)	from	from related		oth	
	(list any hours for	recto						the	organizations		compe	
	related	or di	ee ee			ated		organization	(W-2/1099-MIS)	C/		the
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organi and re	
	below	lual tr	tional		yold	yee yee	_	1033-1120)			organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				or garniz	Lationio
			_		×	1 0						
		⊢								_		
		-										
		\vdash										
		L										
		1										
		\vdash										
		-										
		<u>L</u>						71 004				CF1
1b Subtotal c Total from continuation sheets to Part V	II Section A							71,804.		0.		651.
d Total (add lines 1b and 1c)								71,804.		0.	3.	651.
2 Total number of individuals (including but									000 of reportable	• • •		
compensation from the organization											Y	es No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on	ſ		
line 1a? If "Yes," complete Schedule J for	such individual									L	3	X
4 For any individual listed on line 1a, is the s	•							•	•			
and related organizations greater than \$15	0,000? If "Yes,	," co	mple	ete S	Sche	edule	J f	or such individual		[4	X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services	- 1		
rendered to the organization? If "Yes." coll Section B. Independent Contractors	mplete Schedul	e J fo	or su	ıch ı	oers	on .					5	X
Complete this table for your five highest complete.	ompensated inc	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.			
(A) Name and busines	s address	NC	ONE	3				(B) Description of s	ervices	Co	(C) ompensa	ation
							\dashv					
											_	
O Tatal assumb as affind as an death and	Saalisalia - Ess		_:	J.L.			- د د		ave these			
2 Total number of independent contractors \$100,000 of compensation from the organ		UT IIN	ıııtec	ı (O	tnos (ted	above) who received mo	ore than			
											Form 99	0 (2022

Form 990 (2022) TEREBIN
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b					
2 5		Fundraising events		89,460.				
Æ,		Related organizations		03 / 100 •				
ية إق				400,765.				
Sir		Government grants (contri		1 00,703.				
utic er	т	All other contributions, gifts,		730 993				
들 된		similar amounts not included		730,883. 302,347.				
on t	g		lines 1a-1f 1g \$		1 221 100			
<u>0</u> <u>6</u>	h	Total. Add lines 1a-1f			1,221,108.			
				Business Code				
9	2 a							
e <u>Č</u>	b							
S	С							
am eve	d							
Program Service Revenue	е							
ď	f	All other program service	revenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)			66.			66.
	4	Income from investment o						
	5	Royalties						
		· · · · , · · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6 a	Gross rents	6a 200.	.,				
	o u h	Less: rental expenses	6b 0.					
	0	Rental income or (loss)	6c 200.					
	ا	Net rental income or (loss)			200.	200.		
		Gross amount from sales of	(i) Securities	(ii) Other	2001	200.		
	<i>i</i> a			(ii) Otrici				
		assets other than inventory	7a					
	b	Less: cost or other basis		F 224				
nue		and sales expenses		5,334. -5,334.				
Revenue		Gain or (loss)			F 224			F 224
<u>~</u>		Net gain or (loss)			-5,334.			-5,334.
ther	8 a	Gross income from fundraisir						
٥		including \$89	<u>,460 •</u> of					
		contributions reported on	, I	_				
		Part IV, line 18						
	b	Less: direct expenses	8b	31,357.				
	С	Net income or (loss) from	fundraising events		-31,357.			-31,357.
	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from	gaming activities					
	10 a	Gross sales of inventory, le	ess returns					
		and allowances	10a	30,919.				
	b	Less: cost of goods sold		31,280.				
		Net income or (loss) from			-361.	-361.		
\neg		2. (1000) 1.0111		Business Code				
sno	11 a							
Miscellaneous Revenue	u							
ella	C							
Be		All other revenue						
Ξ		Total. Add lines 11a-11d						
	<u>е</u> 12	Total revenue. See instruction			1,184,322.	-161.	n	-36,625.
	14	iviai ievenue. Dee monucilo	nio		-, ,	1 707.	1 0 • 1	, 50,025.

232009 12-13-22

Form **990** (2022)

Soction F	501(a)(2) and $501(a)(4)$	organizations must a	amplata all calumns	All other erganizations r	nust complete column (A)

	Check if Schedule O contains a respons	e or note to any line in t	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 000	4 000		
	individuals. See Part IV, line 22	1,232.	1,232.		
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,	74 255	61 075	2 001	0 070
_	trustees, and key employees	74,255.	61,275.	3,901.	9,079
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	E10 700	120 165	27 020	62 205
7	Other salaries and wages	518,789.	428,465.	27,029.	63,295
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,106.	9,943.	1,449.	2 711
9	Other employee benefits	67,563.	55,788.	3,872.	2,71 <u>4</u> 7,903
10	Payroll taxes	07,303.	33,700.	3,072.	1,303
11	Fees for services (nonemployees):				
a	Management				
b	Legal	12,500.		12,500.	
c C	Accounting	12,300.		12,500.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	76,693.	55,924.		20,769
12	Advertising and promotion	17,707.	979.	11,323.	5,405
13	Office expenses	32,074.	14,634.	15,983.	1,457
14	Information technology	8,763.	2,866.	5,897.	
15	Royalties	07.000		5,657.1	
16	Occupancy	38,370.	22,727.	15,643.	
17	Travel	8,830.	6,940.	1,703.	187
 18	Payments of travel or entertainment expenses	5,7555	.,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
 21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	16,967.	13,950.	3,017.	
23	Insurance	5,582.	3,181.	2,401.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	40,356.	10 256		
a	HOUSEHOLD FOOD_SUPPLIES	9,245.	40,356.		
b	EQUIPMENT_FURNISHINGS	9,245.	9,245.		
C	RECREATION MEASUREMENT_EVALUATIONS	4,833.	4,833.	0.	0
d		5,032.	2,223.	2,034.	<u>0</u> 775
	All other expenses Add lines 1 through 24a	961,932.	743,596.	106,752.	111,584
25 26	Total functional expenses. Add lines 1 through 24e	301,334.	143,330.	100,132.	111,504
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 if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form **990** (2022)

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Form 990 (2022)
Part X | Balance Sheet

Part A	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	128,924.	1	140,480		
	2	Savings and temporary cash investments			82,348.	2	79,083
;	3	Pledges and grants receivable, net			222,023.	3	213,477
.	4	Accounts receivable, net				4	643
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese perso	ns		5	
(6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	ion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,003.	8	1,614
ž ;	9	B			15,084.	9	14,107
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	422,579.			
	b	Less: accumulated depreciation	10b	123,255.	51,193.	10c	299,324
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line		13			
1.	4	Intangible assets		14			
1:	5	Other assets. See Part IV, line 11				15	
10	6	Total assets. Add lines 1 through 15 (must eq			502,575.	16	748,728
1	7	Accounts payable and accrued expenses		25,372.	17	28,211	
18	8	Grants payable			18		
19	9	Deferred revenue			19		
2		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
ပ္မ 2	2	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of the				22	
2	3	Secured mortgages and notes payable to unre				23	
	4	Unsecured notes and loans payable to unrelat		Г		24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•	•			
	_	of Schedule D			25 272	25	20 211
2	:6	Total liabilities. Add lines 17 through 25			25,372.	26	28,211
ړي		Organizations that follow FASB ASC 958, ch	ieck nere				
ဍ ္		and complete lines 27, 28, 32, and 33.			281,098.	07	475,510
<u>a</u> a		Net assets without donor restrictions			196,105.	27	245,007
20 2	8	Net assets with donor restrictions			190,103.	28	243,007
∮		Organizations that do not follow FASB ASC					
<u>ة</u> `		and complete lines 29 through 33.		00			
St 2	9	Capital stock or trust principal, or current fund				29	
388	0	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			477,203.	31	720,517
	2	Total net assets or fund balances			502,575.	32	748,728
3	3	Total liabilities and net assets/fund balances			304,373.	33	Form 990 (202

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,18					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9 2,3				
3	Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5								
6	Donated services and use of facilities	6	2	0,9	2 4 .			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	72	0,5	17.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

			BINTH REFU					8	1-3807059
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The 1 2 3 4	organ	ization is not a private found A church, convention of che A school described in sect ion A hospital or a cooperative A medical research organizative, and state:	urches, or association ion 170(b)(1)(A)(ii). (ahospital service orga	n of churches described Attach Schedule E (Form Inization described in se	in sectio n 990).) ection 170	n 170(b)(1	i).	(iii). Enter	the hospital's name,
5 6 7 8 9	X	An organization operated for section 170(b)(1)(A)(iv). (CA) federal, state, or local government An organization that normal section 170(b)(1)(A)(vi). (CA) community trust described An agricultural research organization organization organization organization of the section 170(b)(1)(A)(vi).	Complete Part II.) vernment or governm Illy receives a substar omplete Part II.) ed in section 170(b)(panization described	nental unit described in a ntial part of its support fr 1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i	section 17 rom a gove t II.) ix) operate	70(b)(1)(A) ernmental i	(v). unit or from the	e general p and-grant	oublic described in college
10		or university or a non-land-guniversity: An organization that norma activities related to its exemincome and unrelated busin	lly receives (1) more to appt functions, subject ness taxable income	than 33 1/3% of its supp t to certain exceptions; a	ort from co	ontributior more than	ns, membership 33 1/3% of its	p fees, and	d gross receipts from rom gross investment
11 12 a		See section 509(a)(2). (Con An organization organized a An organization organized a more publicly supported organizes 12a through 12d that of Type I. A supporting organization organizatio	and operated exclusion and operated exclusion ganizations described describes the type of	vely for the benefit of, to d in section 509(a)(1) of supporting organization	perform to r section to and comp	ne functior 509(a)(2) . plete lines	ns of, or to car See section 5 12e, 12f, and	09(a)(3). (12g.	Check the box on
b		the supported organization organization. You must of Type II. A supporting organization or management of organization (s). You must	complete Part IV, Se anization supervised f the supporting orga	or controlled in connect anization vested in the sa	ion with its	s supporte	ed organization	(s), by hav	ring
С		Type III functionally inte its supported organization	- '					y integrate	ed with,
d e		Type III non-functionally that is not functionally int requirement (see instructionally Check this box if the organization).	egrated. The organiz	ation generally must sat	isfy a distri A and D,	ibution rec and Part	quirement and V.	an attentiv	
		functionally integrated, or er the number of supported of	Type III non-function	nally integrated supporting	ng organiz		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .,,,	
		ritle number of supported considering the following information	•	d organization(s)					
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see ins	-	(vi) Amount of other support (see instructions)
				above (see instructions)					
T - 4 -							I		İ

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

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

Sec	ction A. Public Support		·				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-,	()	(-,	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	724,537.	818,064.	763,578.	1124121.	1221649.	4651949.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	724,537.	818,064.	763,578.	1124121.	1221649.	4651949.
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)						88,741.
6	Public support. Subtract line 5 from line 4.						4563208.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	724,537.	818,064.	763,578.	1124121.	1221649.	4651949.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31.	23.	45.	49.	66.	214.
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.)						
11	Total support. Add lines 7 through 10						4652163.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	.,,		14	98.09 %
	Public support percentage from 2021					15	98.38 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•			
	and stop here. The organization qual						
17a	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	· ·				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		• • •		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

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

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

Sec	etion A. Public Support	siow, picase comp	note r art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 bus-						
4	iness under section 513 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						
7 <i>a</i>	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 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						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		1		L		
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
<u></u>	check this box and stop here						
	ction C. Computation of Publi					Tarl	
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,		.,,		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves		-			16	%
	•			ino 10 l (^\		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	%
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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3b		
3c		
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4a		
4b		
40		
4c		
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5a		
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10b		
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Sche	dule A (Form 990) 2022 TEREBINTH REFUGE	81-38070	59 F	³ age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	118	3	
b	A family member of a person described on line 11a above?	111)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	110	;	
Sec	tion 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	· ·		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			4
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			4
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	ıstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instruct		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		+
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

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 **Employer identification number** TEREBINTH REFUGE 81-3807059 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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

	(ooo mondonono), ooo aapnoato ooptoo or ratti maaantonar	Space 10 1100a0a.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 205,464.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 24,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

81-3807059

Schedule B (Form 990) (2022)

Name of organization Employer identification number

TEREBINTH REFUGE 81-3807059

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Page 3

Name of organization

Employer identification number

TEREBINTH REFUGE

81-3807059

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	2,089 SQUARE FOOT SINGLE FAMILY HOME; 5 BEDROOMS; 2 BATHROOMS; 1975		
		\$\$	08/26/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15		\$	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** TEREBINTH REFUGE 81-3807059 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization TEREBINTH REFUGE **Employer identification number** 81-3807059

Total number at end of year Capture Capt	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts. Complete if the
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).				sed funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	1	Total number at end of year			
3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in sproperty, subject to the organization's exclusive legal control? Ob Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) or conservation essements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education). Preservation of a natural habitat. Preservation of on attural habitat. Preservation of one space. 2 Complete lines 2 attrough 2 di the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the fax year. a Total number of conservation essements. 5 Total acreage restricted by conservation essements. C Number of conservation essements on a certified historic structure included in (a) 22 d. 1 Number of conservation essements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 1 Number of states where property subject to conservation essement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation essements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year 8 Dose sech conservation essement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)) and section 170(h)(4)(B)(l)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)	2				
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charistable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Prose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 Description of a conservation easement on the last day of the tax year and the preservation of a conservation easement on the last day of the tax year. 2 In the last of the las	3				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?	4				
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inspermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Proservation or land for public use (for example, recreation or education) Preservation of a historically important land area Proservation or fland for public use (for example, recreation or education) Preservation of a certific historically important land area Proservation or a fund for public use (for example, recreation or education) Preservation of a certific instructure Preservation of a certific historic structure Preservation easement on the last day of the tax year. Relid at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Preservation of conservation easements 2a 2a 2a 2a 2a 2a 2a 2	5		riting that the assets h	neld in donor advise	ed funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inspermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Proservation or land for public use (for example, recreation or education) Preservation of a historically important land area Proservation or fland for public use (for example, recreation or education) Preservation of a certific historically important land area Proservation or a fund for public use (for example, recreation or education) Preservation of a certific instructure Preservation of a certific historic structure Preservation easement on the last day of the tax year. Relid at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Preservation of conservation easements 2a 2a 2a 2a 2a 2a 2a 2		are the organization's property, subject to the organization's e	exclusive legal control?		Yes I
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	6				
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation of land for public use (for example, recreation or education)					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of on a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a conservation easement on the last day of the tax year. It feld at the End of the Tax Year Total number of conservation easements 2a 2a 2a 2a 2a 2a 2a 2		impermissible private benefit?			Yes
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Proservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8 Total number of conservation easements But at End of the Tax Year 9 Total acreage restricted by conservation easements C Number of conservation easements included in (e) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements included in (e) acquired after July 25,2006, and not on a historic structure listed in the National Register 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 1 If the organization sected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publi	Pai				
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of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X S If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	1a	If the organization elected, as permitted under FASB ASC 958	3. not to report in its re	venue statement ar	and balance sheet works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		• •	•		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		•			•
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	b	• •			
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	_	- · · · · · · · · · · · · · · · · · · ·			
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			commentation, cadeaners,	51 1 555 a. 511 1 a. a.	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 					\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:					
the following amounts required to be reported under FASB ASC 958 relating to these items:	2				Lgain provide
	_				. ga, provide
a nevenue included on round 330, rait viii, iine r	•		-		\$
b Assets included in Form 990, Part X \$					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022					

232051 09-01-22

	t III Organizations Maintaining C	ollections of Ar	t. Histo	orical Tre	asures, or C	Other S	Similar		(continu		ige Z
3											
Ū	collection items (check all that apply):										
а	Public exhibition	C	ı 🗀	l nan or exc	hange program						
b	Scholarly research				nange program						
C	Preservation for future generations	`	, <u> </u>	Otrici							
4	Provide a description of the organization's co	allections and explain	n how th	ev further th	ne organization'	s evemn	t nurnos	se in Part	XIII		
5								oc iiii ait.	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	
Par	t IV Escrow and Custodial Arrang										110
	reported an amount on Form 990, Par		ctc ii tiic	organizatio	in answered Te	23 01111	51111 550	, 1 4111, 1	1110 0, 01		
1a	Is the organization an agent, trustee, custodia		liary for o	contributions	s or other asset	s not inc	cluded				
·u	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a] 100		110
	ii res, explain the arrangement iiii art xiii e	and complete the lo	nowing to	abic.					Amount		
•	Beginning balance						1c				
	Additions during the year						1d				
							1e				
f	Distributions during the year						1f				
22	Ending balance								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					•			_		
	t V Endowment Funds. Complete in										
	The second secon	(a) Current year		rior year	(c) Two years t			ears back	(e) Four	vears l	nack
10	Beginning of year balance	.,	(-):	,	(2)	- (C	. ,	04.0 240.1	(0) . 0	, , , , , ,	
b											
0	Contributions Net investment earnings, gains, and losses										
٦											
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. /: 1-		\\						
2	Provide the estimated percentage of the curr	•	. •	j, column (a))) neid as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•	.4:41								
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are rield ar	ia administered	i for the			Г	Yes	No
	organization by:								$\overline{}$		
	(i) Unrelated organizations								3a(i)	\dashv	
L	(ii) Related organizations	tions listed as requir		abadula DO					3a(ii)	\dashv	
4	Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipm		wment ii	urius.							
	Complete if the organization answered) Part IV	/ line 11a S	See Form 990 P	art X lin	a 10				
									(d) Deals		
	Description of property	(a) Cost or of basis (investrong)		` '	or other (other)		umulate eciation	ea	(d) Book	value	1
4-	Lond	- 	i ici itj		6,000.	черп	JOIGHOIT		16	, 00	<u> </u>
	Land				9,100.		3,01	17	196		
	Buildings				0,045.	-	75,59			, 45	
	Leasehold improvements	I			7,434.		14,64		2 2	78	7
	Equipment			0	1,404.	- 4	± 1 , 0 4	± / •		, / 0	, , ,
	Other			(5)					299	2.	7
ı otal	I. Add lines 1a through 1e. (Column (d) must ea	gual Form 990 Part	X colum	nn (R) line 1	()C)				ムフラ	, 52	. ' .

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TEREBINTH RE	EFUGE	81	-3807059 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(In) Dead control
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	4=)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 000 Part IV line	110 or 11f Soo Form 000 Part V line 25	
(a) Description of lightility	on Form 990, Fart IV, line	The Or Thi. See Form 990, Fait A, line 23	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			I

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	s With	n Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	1,309,359.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments	2a	01 042		
b		ted services and use of facilities	2b	81,243.		
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			01 2/2
e		ines 2a through 2d			2e 3	81,243. 1,228,116.
3		act line 2e from line 1			3	1,220,110.
4 a		ınts included on Form 990, Part VIII, line 12, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b	4a			
b			4b	-43,794.		
		(Describe in Part XIII.) ines 4a and 4b			4c	-43,794.
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,184,322.
	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per R	_	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,060,711.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a	60,319.		
b		year adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d	38,460.		
е	Add I	ines 2a through 2d			2e	98,779.
3	Subtr	act line 2e from line 1			3	961,932.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			0
		ines 4a and 4b			4c	961,932.
5 Da	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	901,934.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lings 1	h and 2h: Part V line 4:	Dart \	/ line 2: Part YI
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, rait /	N, IIIIe Z, Fait XI,
111103	Zu and	a 45, and I are All, lines 2d and 45. Also complete this part to provide any addition	Jilai IIIIO	imation.		
PAI	RT X	I, LINE 4B - OTHER ADJUSTMENTS:				
EVI	ENT	EXPENSES REPORTED ON PAGE 9				-7,180.
		_				
COS	ST C	F GOODS SOLD REPORTED ON PAGE 9				-31,280.
LOS	SS O	N DISPOSAL OF EQUIPMENT				-5,334.
		TO COVERNILE D. DARR VI. 1 THE AD				42 704
TO.	l'AL	TO SCHEDULE D, PART XI, LINE 4B				-43,794.
ד ג כ	om v	II, LINE 2D - OTHER ADJUSTMENTS:				
r Al	7 T	TI, DIME 2D - OIDER ADOUGIMENTS:				
F:771	:NT	EXPENSES REPORTED ON PAGE 9				7,180.
<u> </u>		THE LINE OF LUCE A				7,100•
COS	ST O	F GOODS SOLD REPORTED ON PAGE 9				31,280.
						32,200
ШΩГ	път	MO COUPDITE D DADM VII IINE OD				20 160

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	TEREBINTH REFUGE	81-3807059	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation (continued)		
	,		
-			

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

TEREBIN	ITH REFUGE					81-3807	059		
Part I Fundraising Activities	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 1				
required to complete this part of the part	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	itees,	Yes	·		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Tatel									
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	it is e	exempt from reg	gistration		

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

Schedule G (Form 990) 2022

Pa	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 gro				s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			RISE	STRONGER	4	(add col. (a) through	
			BREAKFAST	TOGETHER	1	col. (c))	
ē			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	71,704.	8,082.	9,674.	89,460.	
	2	Less: Contributions	71,704.	8,082.	9,674.	89,460.	
_	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
s	5	Noncash prizes	502.	1,806.		2,308.	
bense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	6,426.	1,936.		8,362.	
Ӓ	٥	Entertainment	4 992	100		5 092	
	9	Other direct expenses	4,992. 6,525.	100.	7,620.	5,092. 15,595.	
	10	Direct expense summary. Add lines 4 through	•	272301	•	31,357.	
		Net income summary. Subtract line 10 from li				-31,357.	
Pa	rt I					<u>, </u>	
		\$15,000 on Form 990-EZ, line 6a.					
υ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(-,9-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))	
Rev							
\dashv	1	Gross revenue					
Se	2	Cash prizes					
Expenses	3	Noncash prizes					
irect E	4	Rent/facility costs					
의							
\dashv	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % 	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 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:							
		the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No	
b	It "	No," explain:					
	_						
100	\\\\	ore any of the organization's demine licenses as	wokod suspended exte	rminated during the tax :	oar?	Yes No	
		ere any of the organization's gaming licenses re Yes," explain:	vokeu, suspenueu, or te	minated during the tax y	cai :	res NO	
b	"	103, саріані.					
	_						

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 TEREBINTH REFUGE 51	3007	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	TEREBINTH REFUGE	81-3807059 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)	
		(commutes)	
r			
-			
-			
-			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

	TEREBINTH RE	FUGE				81-3807	<u> 159</u>	
Par	rt 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	1	(d) hod of determini n contribution an	•	s
1	Art - Works of art	Х	15	7,086.	ARTIST	ESTIMATI	3 O]	7 V
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		26,498.	FMV			
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	X	1	262,628.	FMV			
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		1.5	6 405				
25	Other (OTHER GOODS FOR)	X	16	6,135.	F'M∨			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 826	83, Part V, D	onee Acknowledg	ement 29				
	5						Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period?	<i>?</i>				30a		X
	If "Yes," describe the arrangement in Part II.			-£				v
31							$\overline{}$	X
32a	Does the organization hire or use third parties contributions?		•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990		Sc	hedule M (Forn	n 990)	2022

232141 09-09-22

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TEREBINTH REFUGE

Employer identification number 81-3807059

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INDEPENDENCE.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE ORGANIZATION ADDED THE AFTER CARE AND OUTREACH PROGRAMS IN 2022.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- 23 WOMEN DEVELOPED A SAFETY PLAN AND CASE PLAN.
- 10 RESIDENTS RECEIVED LEGAL ADVOCACY SUPPORT SERVICES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
- 23 RESIDENTS RECEIVED EDUCATION ON HEALTH CONCERNS AND MEDICATION
REGIMENS
- 23 RESIDENTS HAD OPPORTUNITIES TO GROW IN THEIR FAITH AND SPIRITUAL
LIVES
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LOCATIONS AND HAS INCREASED ITS SALES THROUGH THIS AND VARIOUS VENDOR
EVENTS. WE ARE SEEING MORE SUCCESS AS A PROGRAM, IN THAT THE WOMEN ARE
MORE READILY ABLE TO STAY AND ENGAGE IN PROGRAMMING; MANY EVEN TO
COMPLETION. THIS HAS BEEN DUE TO AN INCREASE OF MORE IMMEDIATE MENTAL
HEALTH CARE THROUGH OUR PSYCHOLOGIST CONSULTANT BEING AVAILABLE 3 DAYS
A WEEK FOR CRISIS COUNSELING AND GROUP FACILITATION. WE HAVE ALSO HAD
MORE SUCCESS BY UNDERSTANDING WHAT IT TAKES TO BUILD A STRONG TEAM AND
HAVE TAKEN INITIATIVES TO ENSURE THAT.
TITLE TIMES THE TANDER TO BUNDONE TIME!

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization 81-3807059

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TEREBINTH REFUGE

THE TRANSITIONAL PROGRAM IS THE FOURTH PHASE OF PROGRAMMING. THIS IS AN OPPORTUNITY FOR THE WOMEN TO LIVE IN A SEPARATE HOME WITH MORE INDEPENDENCE, BUT STILL WORK WITH SOME STAFF AND CASE MANAGEMENT SUPPORT. IN THIS HOME WOMEN ARE EITHER WORKING IN THE COMMUNITY OR ATTENDING SCHOOL, SAVING, AND PLANNING FOR FULL INDEPENDENCE WHICH IS THEIR NEXT STEP. 6 WOMEN HAVE LEFT TEREBINTH REFUGE INTO STABLE HOUSING AND EMPLOYMENT.

THE PURPOSE OF THE AFTERCARE PROGRAM IS TO PROVIDE COLLABORATIVE SUPPORT AND PROGRAMMING TO PAST RESIDENTS OF THE ORGANIZATION AND ASSIST THEM TOWARD SUSTAINABLE INDEPENDENCE. THIS IS ACCOMPLISHED THROUGH MENTORSHIP, COACHING, ADVOCACY, AND EDUCATION. AFTER CARE SEEKS TO BUILD ON THE PAST RESIDENT'S STRENGTHS AND SKILLS TURNING SURVIVORS INTO SURVIVOR LEADERS. AFTER CARE IS A SURVIVOR LED PROGRAM AND IS ASSISTED BY THE ORGANIZATION'S STAFF AND CASE MANAGEMENT. 8 RESIDENTS RECEIVED AFTERCARE SERVICES UPON EXITING THE SHELTER PROGRAM.

THE OUTREACH PROGRAM IS TO CONNECT WITH ORGANIZATIONS, COLLABORATIVE PARTNERS, AND COMMUNITY MEMBERS TO OFFER EDUCATION AND RESOURCES FOR VICTIMS OF SEX TRAFFICKING AND OR SEXUAL EXPLOITATION, ALONG WITH INCREASING COMMUNITY AWARENESS OF THE ISSUE. PRESENTATIONS, CLASSES AND INTENTIONAL RELATIONSHIP BUILDING ARE SOME OF THE WAYS THIS WILL BE ACCOMPLISHED.

INCLUDING GRANTS OF \$ 729. EXPENSES \$ 93,788. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

KATHY MAYHEW AND MICK MAYHEW HAVE A FAMILY RELATIONSHIP.

Schedule O (Form 990) 2022
Page 2

Name of the organization TEREBINTH REFUGE	Employer identification number 81-3807059
	1 000,000
FORM 990, PART VI, SECTION A, LINE 8B:	
FINANCE COMMITTEE MEETS BEFORE BOARD MEETINGS TO GO OVER F	FINANCIALS BUT NO
MINUTES ARE TAKEN AT THIS TIME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE	MANAGER BEFORE IT
IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR COMPENSATION WAS DETERMINED BY THE	BOARD.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILIBLE UPON REQUEST.	
FORM 990, PAGE 12, LINE 2C:	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF	F AN
ACCOUNTANT AND THE OVERSIGHT OF THE FINANCIAL STATEMENT AU	JDIT.