Form	90
------	----

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change TEREBINTH REFUGE Name change 81-3807059 Doing business as Initial 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 320-828-7721 231 1,054,839. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 56387 WAITE PARK, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CYNTHIA TERLOUW-KVISTAD Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 527 4947(a)(1) or If "No," attach a list. See instructions WWW.TEREBINTHREFUGE.ORG J Website: 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 1 Activities & Governance HOME FOR SEXUALLY EXPLOITED AND TRAFFICKED WOMEN. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 4 31 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 1904 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** 1,221,108. 984,183. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 31,908. 9 Program service revenue (Part VIII, line 2g) -5,268. 121. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -31,518. -31,491. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 984,721. 1,184,322. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,846. 1,232. 13 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) 674,713. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 708,803. 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 121.745. **b** Total fundraising expenses (Part IX, column (D), line 25) 285,987. 314,723. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,026,372. 961,932. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 222,390. -41,651. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 748,728. 706,668. 20 Total assets (Part X, line 16) 28,211. 33,154 **21** Total liabilities (Part X, line 26) let 720,517. 673,514 22 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.

Sign	Signature of officer		Date	
-		EXECUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	MARIE A. PRIMUS, CPA	MARIE A. PRIMUS, CP.	A 04/11/24 self-employed	P01272184
Preparer	Firm's name CREATIVE PLANNING	F TAX, LLC	Firm's EIN 47	-1019942
Use Only	Firm's address 220 PARK AVE S			
	ST. CLOUD, MN 563	301	Phone no. 320	-251-7010
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23		Form <b>990</b> (2023)

Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III	KED
Briefly describe the organization's mission:         A CHRIST-CENTERED NONPROFIT SHELTER AND SAFE HOME THAT BRINGS HORE         HEALING SERVICES, AND FREEDOM TO SEXUALLY EXPLOITED AND TRAFFICH         WOMEN. WE PROVIDE LONG-TERM HOLISTIC SERVICES WITH THE GOAL OF         TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABIN         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by e         Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	OPE, KED
A CHRIST-CENTERED NONPROFIT SHELTER AND SAFE HOME THAT BRINGS HO HEALING SERVICES, AND FREEDOM TO SEXUALLY EXPLOITED AND TRAFFICE WOMEN. WE PROVIDE LONG-TERM HOLISTIC SERVICES WITH THE GOAL OF TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABLE Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	KED
HEALING SERVICES, AND FREEDOM TO SEXUALLY EXPLOITED AND TRAFFICM         WOMEN. WE PROVIDE LONG-TERM HOLISTIC SERVICES WITH THE GOAL OF         TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABLE         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by e         Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	KED
WOMEN. WE PROVIDE LONG-TERM HOLISTIC SERVICES WITH THE GOAL OF         TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABIN         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by e         Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	
TRANSITIONING THE WOMEN FROM BONDAGE TO A LIFE OF HEALTH, STABIL         Did the organization undertake any significant program services during the year which were not listed on the         prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by e         Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	LITY,
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	LITY,
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	Yes X
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	Yes X
Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service reported.	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression revenue, if any, for each program service reported.	
revenue, if any, for each program service reported.	-
	penses, and
a (Code:) (Expenses \$410,016. including grants of \$507. ) (Revenue \$	37,102
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, WE HAVE SUPPORTED	
WOMEN AND 7 CHILDREN WHO RECEIVED EMERGENCY SHELTER AND SERVICES	
THESE 135, THERE HAS BEEN A TOTAL OF 182 INTAKES REPRESENTING 4	
MULTIPLE ENTRIES. WE HAVE HAD 14 WOMEN RECEIVE TRANSITIONAL HOUS	SING
SERVICES AND HAVE RESPONDED TO 822 CRISIS CALLS.	
2023 HIGHLIGHTS	
- RECEIVED 110 CRISIS CALLS.	
b (Code:) (Expenses \$133,481. including grants of \$0. ) (Revenue \$	
THE HEALTH AND WELLNESS PROGRAM INCLUDES A REGISTERED NURSE, MEI	NTAL
HEALTH SERVICES, TRAUMA THERAPIES, SUPPORT GROUPS, INDEPENDENT	LIFE
SKILLS, RECREATION, AND LEISURE ACTIVITIES.	
2023 HIGHLIGHTS	
- 5 WOMEN ATTENDED DRUG TREATMENT.	
- 18 WOMEN PARTICIPATED IN HORSE THERAPEUTIC PROGRAMMING.	
- 21 WOMEN BENEFITED FROM THERAPEUTIC DOG INTERACTIONS.	
- 21 RESIDENTS ENGAGED IN LEARNING VARIOUS HOUSEHOLD INDEPENDENT	
	I LIVING
SKILLS.	
- 20 RESIDENTS RECEIVED AN ASSESSMENT FROM OUR REGISTERED NURSE	AND HAD
ACCESS TO MEDICAL CARE AND MENTAL HEALTH SERVICES.	
c (Code:) (Expenses \$133,436. including grants of \$0. ) (Revenue \$	
EMPLOYMENT READINESS TEACHES EMPLOYMENT SKILLS STARTING AT THE	BASICS
AND ADVANCING TO RESUME BUILDING AND MOCK INTERVIEWS. FROM THER	E WOMEN
WORK IN THE HOPE & HEALING STORE, GIVING THEM AN OPPORTUNITY TO	
PRACTICE SKILLS LEARNED AND STRENGTHEN THEIR RESUMES. 17 WOMEN	
COMPLETED THIS PROGRAM.	
COMPLETED THIS PROGRAM.	
d Other program services (Describe on Schedule O.)	
(Expenses \$ 73,592. including grants of \$ 2,339.) (Revenue \$	)
	)
(Expenses \$ 73,592. including grants of \$ 2,339.) (Revenue \$       e Total program service expenses     750,525.	) Form <b>990</b> (20
(Expenses \$       73,592. including grants of \$       2,339.) (Revenue \$         e       Total program service expenses       750,525.         x002 12-21-23       SEE SCHEDULE O FOR CONTINUATION(S)	) Form <b>990</b> (20
(Expenses \$ 73,592. including grants of \$ 2,339.) (Revenue \$ 750,525.	) Form <b>990</b> (20

Form	990	(2023)

 Form 990 (2023)
 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	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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			- 23
u		11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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	000	Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

Form	990	(2023)
FUIII	990	(2020)

 Form 990 (2023)
 TEREBINTH
 REFUGE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)
	4			,

### 09550411 136621 1002171.000

Form	990 (2023) TEREBINTH REFUGE	81-3807	059	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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				
	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 ser	vices provided to the navor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
•	to file Form 8282?	•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ŭ		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
 a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
			13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		Tou		
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	1		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	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		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)
552000			1 0111		(-950)

	tion A. Governing Body and Management				<u> </u>	_
			-	,	Yes	\$
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					-
	more members of the governing body?			7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			- <u>/u</u>		-
D			-	76		
~				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	
	The governing body?			<u>8a</u>	X	-
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			_
					Yes	3
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					-
Ŭ	on Schedule O how this was done	,		12c		
10				13		-
13	Did the organization have a written whistleblower policy?					-
14	Did the organization have a written document retention and destruction policy?			14		-
15	Did the process for determining compensation of the following persons include a review and approv	-	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	_
b	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 arrange	ment wi	th a			
	taxable entity during the year?			16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	T (section 501(c)(3)	s only)	availa	- a
	for public inspection. Indicate how you made these available. Check all that apply.			,e e,)		
	Own website Another's website X Upon request Other (explain		hadula ()			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d finan		
19			i interest policy, an	u inan	oidi	
00	statements available to the public during the tax year.	. 1.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	THE ORGANIZATION - 320-828-7721	7				_
	110 SECOND STREET SOUTH, 231, WAITE PARK, MN 5638	1				
	The Breene Structure Booth, 1917, Millin Hink, Mil Sooo				1 <b>990</b>	,

711

81-3807059 Page 6

Form 990 (2		81-3807059	Page
Part VI	Governance, Management, and Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" re	sponse

Form 990 (2023)	TEREBINTH REFUGE	81-3807059	Page 7
Part VII Compensation	on of Officers, Directors, Trustees, Key Employees,	Highest Compensated	
Employees, a	and Independent Contractors		
Check if Schedu	le O contains a response or note to any line in this Part VII		
Section A. Officers, Direct	tors, Trustees, Key Employees, and Highest Compensated Empl	loyees	
	Il persons required to be listed. Report compensation for the calendation's <b>current</b> officers, directors, trustees (whether individuals or org	, ,	,

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	<b>(C)</b> Position						(D)	(E) Departable	(F)
Name and title	Average hours per	box	lo not check more ox, unless person i		more rson i	ore than one on is both an		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	ndàd I	lirecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	In stitutional trustee		oyee	omper		1099-NEC)	,	and related
	below	/idual	tution	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) CYNTHIA TERLOUW-KVISTAD	40.00									
EXECUTIVE DIRECTOR				X				73,733.	0.	2,400.
(2) MIKE HOUSMAN	1.00									•
CHAIR	1 00	Х		X				0.	0.	0.
(3) TODD ZAUN	1.00								•	0
VICE CHAIR (UNTIL SEPT 2023)	1 00	Х		X				0.	0.	0.
(4) MICHAEL CONTARDO	1.00			37					0	0
SECRETARY/TREASURER (UNTIL AUGUST 20	1 00	Х		X				0.	0.	0.
(5) MICHAEL MILBAUER BOARD MEMBER/INTERIM SECRETARY/TREAS	1.00	x		x				0.	0.	0.
(6) CHERIE MILLER	1.00	<b>^</b>							0.	0.
BOARD MEMBER (UNTIL AUGUST 2023)	1.00	х						0.	0.	0.
(7) DAVID BENTRUD	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) LES ENGEL	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) KATHY MAYHEW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MICK MAYHEW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVE GENBERG	1.00									_
BOARD MEMBER		х						0.	0.	0.
			-							
	<u> </u>									
332007 12-21-23	-		•			•				Form <b>990</b> (2023)

7

332007 12-21-23

Form 990 (2023)

Form 990 (2023)         TEREBINTH REFUGE         81-3807059									P	age <b>8</b>				
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box offic	not c unles	ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	in I	an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org and	om th anizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VI								73,733.		0.		2,4	00.
	Total number of individuals (including but n				<u></u>				73,733.	000 of reportable	0.		2,4	
	compensation from the organization						,							0
3	Did the organization list any <b>former</b> officer,		,	,		,	,	0		,	ſ	0	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		x
Sec 1	tion B. Independent Contractors	monopoted ind		adar		ntre	notor	o th	at received more than <sup>4</sup>	100 000 of com	onosti	on fre		
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) Name and business address NONE Description of services								Co	(C ompe	<b>;)</b> nsatio	n		
2	Total number of independent contractors (ir \$100,000 of compensation from the organized statement of the organized statement of the statement	•	ot lin	nitec	d to t	thos (		ted	above) who received mo	ore than				
											F	orm	<b>990</b> (;	2023)

332008 12-21-23

	n 990		Ξ			81-3807	059 Page <b>9</b>
Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response or no	ote to any line		( <b>-</b> )		
				<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
				Total revenue		business revenue	from tax under
		1 1					sections 512 - 514
ts t	1 a	Federated campaigns 1a					
ran	b						
ی م م	c	Fundraising events 1c 11	3,321.				
ar A	d	Related organizations 1d					
, sie	е	Government grants (contributions) 1e 22	1,646.				
ő	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			9,216.				
<u>i</u> ti D	g	Noncash contributions included in lines 1a-1f	7,074.				
Con	h	Total. Add lines 1a-1f		984,183.			
			siness Code	,			
•	0.0		24100	31,908.	31,908.		
vice			24100	51,500.	51,500.		
ue	b						
gram Ser Revenue	C J						
Bei	d						
Program Service Revenue	e						
	T	All other program service revenue		31,908.			
	g	Total. Add lines 2a-2f		51,900.			
	3	Investment income (including dividends, interest, a		139.			139.
		other similar amounts)		139.			139.
	4	Income from investment of tax-exempt bond proce	eds				
	5	Royalties					
			) Personal				
	6 a						
	b	Less: rental expenses 6b 0.					
	c						0.004
		Net rental income or (loss)		8,094.			8,094.
	7 a	Gross amount from sales of (i) Securities (ii)	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
IUe		and sales expenses 7b	18.				
evenue		Gain or (loss) 7c	-18.				
Be		Net gain or (loss)		-18.			-18.
Other Re	8 a	Gross income from fundraising events (not					
đ		including \$ 113,321. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b 4	4,779.				
	с	Net income or (loss) from fundraising events		-44,779.			-44,779.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a 2	7,814. 5,321.				
	b	Less: cost of goods sold 10b 2	5,321.				
		Net income or (loss) from sales of inventory		2,493.	2,493.		
			siness Code				
SNC	11 a	GAIN FROM INSURANCE CL 9	00099	2,701.	2,701.		
Dec	b		_				
ella	c						
Miscellaneous Revenue	h l	All other revenue					
Σ		Total. Add lines 11a-11d		2,701.			
	12	Total revenue. See instructions		984,721.	37,102.	0.	-36,564.
33200	)9 12-21		·····	,·	,		Form <b>990</b> (2023)
							(=====)

2023.03030 TEREBINTH REFUGE

Page **9** 

TEREBINTH REFUGE

	Check if Schedule O contains a respons	(		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,846.	2,846.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	76,133.	59,652.	6,954.	9,527
6	Compensation not included above to disgualified				- , -
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	545,449.	427,175.	49,559.	68,715
8	Pension plan accruals and contributions (include				,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,624.	15,760.	2,389.	1,475
10	Payroll taxes	67,597.	53,544.	6,891.	<u> </u>
11	Fees for services (nonemployees):				,
	Management				
b	Legal				
	Accounting	21,306.		21,306.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ű	column (A), amount, list line 11g expenses on Sch 0.)	79,312.	60,146.		19,166
12	Advertising and promotion	12,051.	948.	7,970.	3,133
13	Office expenses	34,393.	15,367.	16,281.	<u>19,166</u> 3,133 2,745
14	Information technology	13,639.	5,455.	8,184.	
15	Royalties				
16	Occupancy	41,686.	22,082.	19,604.	
17	Travel	8,721.	7,442.	732.	547
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,734.	15,494.	7,240.	
23	Insurance	9,418.	3,784.	5,634.	
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.)				
а	HOUSEHOLD FOOD SUPPLIES	35,025.	35,025.	0.	C
b	RECREATION	10,175.	10,175.	0.	C
с	MISCELLANEOUS FUNDRAISI	9,110.	0.	0.	9,110
d	EQUIPMENT AND FURNISHIN	7,204.	6,051.	1,153.	C
е	All other expenses	9,949.	9,579.	205.	165
25	Total functional expenses. Add lines 1 through 24e	1,026,372.	750,525.	154,102.	121,745
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	Check here regression and fundraising solicitation.				

332010 12-21-23

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			140,480	. 1	121,897.
	2	Savings and temporary cash investments		79,083	2	64,180.	
	3	Pledges and grants receivable, net			213,477	3	211,338.
	4	Accounts receivable, net		643	4	132.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use			1,614	8	3,521.
As	9	B			14,107		17,461.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	434,128.			
	b	Less: accumulated depreciation		<u>434,128.</u> 145,989.	299,324	10c	288,139.
	11	Investments - publicly traded securities			-	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			748,728	16	706,668.
	17	Accounts payable and accrued expenses			28,211	17	33,154.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form	er office				
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela	ted third			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			28,211	26	33,154.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			475,510		460,509.
Bal	28	Net assets with donor restrictions			245,007	28	213,005.
pu		Organizations that do not follow FASB ASC 9	58, cheo	ck here			
л. Г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Net	32	Total net assets or fund balances			720,517		673,514.
	33				748,728	33	706,668.

Form 990 (2023)

10021711

Form 990 (2023) Part X Balance Sheet

Form	1990 (2023) TEREBINTH REFUGE	81	-3807059	Pa	<sub>ge</sub> 12
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	984		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,026		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	720	),5	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-5	5,3	52.
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	673	3,5	14.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,		
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	ne of t	the organization		~~					identification number
<b>D</b> -			BINTH REFU						1-3807059
	nrt I	Reason for Public (					ee instructior	IS.	
The	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	I)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on
	_	_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С	: [	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		_ requirement (see instructi	,	•					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information	· · ·		(iv) Is the orac	anization listed		· · · · · · · · · · · · · · · · · · ·	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Tet	al								
Tota		Paperwork Reduction Act	Notice, see the Inst	ructions for Form 990 /	or 990-F7	332021	12-21-23	Sche	dule A (Form 990) 2023
						- 00202	12 21 20	00110	

### Schedule A (Form 990) 2023

TEREBINTH REFUGE

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

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

1 Giffs grants contributions and membership fees received. (Do not include any 'unusual grants').       818,064.       763,578.       1124121.       1221649.       984,183.       49115         2 Tax revenues levied for the organization include any 'unusual grants').       818,064.       763,578.       1124121.       1221649.       984,183.       49115         3 The value of services or facilities the organization without charge in the organization included on its behalf       818,064.       763,578.       1124121.       1221649.       984,183.       49115         3 The value of services or facilities the organization included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)       818,064.       763,578.       1124121.       1221649.       984,183.       49115         Celebit support       Services or facilities the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1227,2       6 Public support.       46843         Section B. Total Support       Celebit support of the organization includes and on come from interest, dividends, payments received on securities lousiness and income from interest, dividends, payments received on securities lousiness and on come securities lousiness and on cost from the sale of capital support Percentage       23.       45.       49.       66.       139.       3         9 Net income from interest, dividend by line 11, column (f)       14       95.3.77       12       10.77, 6       2	Sec	ction A. Public Support						
membership fees received. (bo not include any "unusual grants.")       818,064.       763,578.       1124121.       1221649.       984,183.       49115         2 Tax revenues levied for the organization's benefit and ether pad to or expended on its behalt       818,064.       763,578.       1124121.       1221649.       984,183.       49115         3 The value of services or facilities furnished by a governmental unit to the organization without charge       818,064.       763,578.       1124121.       1221649.       984,183.       49115         6 The portion of total contributions by each person (dher than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.       818,064.       763,578.       1124121.       1221649.       984,183.       49115         Calendar year (or fiscal year beginning in) 7 Amounts from line 4.       818,064.       763,578.       1124121.       1221649.       984,183.       49115         8 Gross income from interest, dividends, payments received on securities loars, rents, royatties, and income from similar sources.       23.       45.       49.       66.       139.       3         9 Met income from interest, dividends, payments received on securities loars, rents, royatties, assets (Explain in Part VI).       12       107,6       10       1124121.       1221649.       984,183.       49119         10 Other income. Do not include g	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
include any "urusual grants.")       B18,064.763,578.1124121.1221649.984,183.49115         2 Tax revenues levied or the organization is bearling and the organization is bearling and the granization is bearling and the granization is bearling and the granization without charge.       Image: State	1	Gifts, grants, contributions, and						
2       Tax evenues levid for the organization's benefit and either paid to or expended on its behalt         3       The value of services or facilities turnised by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         5       The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)         column (f)       6         6       Public support. Mathematics term line 4         8       8.66.4.         76.3, 57.8.       1124121.         1221649.       984,183.         4       406843         Section B. Total Support       612002         Calendar year (or fiscal year beginning in or siss from line 4       613,057.8.         8       Gress income from intreest, oryalites, and income from intreest, oryalites, and income from intreest, oryalites, and income from similar sources       23.         9       Net income from intreest, oryalites, and income the saie or capital assets (Explain in Part VI)       12       100.         11       Total support. Add files 7 through 10       12       107.6         12       Gress necelystor from related activites, etc. (see instructions)       12       107.6         13       First Syears. If the Form 900 is for the organization's first, second, thi		membership fees received. (Do not						
train's benefit and either paid to or expended on its behalf       Image: space of the organization without charge         3 The value of services or facilities furnished by a governmental unit to the organization without charge       Image: space of the organization without charge         4 Total. Add lines 1 through 3       Image: space of the organization without charge       Image: space of the organization without charge         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: space of the space of t		include any "unusual grants.")	818,064.	763,578.	1124121.	1221649.	984,183.	4911595.
are expended on its behalf This value of services or facilities The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) The portion of total contributions by each person (other than a governments) Section B. Total Support Control times 4 Control	2	Tax revenues levied for the organ-						
3       The value of services or facilities furnished by a governmental unit to the organization included harage       818,064.763,578.1124121.1221649.984,183.49115         4       Total. Add lines 1 through 3       818,064.763,578.1124121.1221649.984,183.49115         5       The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       227,2         6       Public support. Substature 3 from line 4       818,064.763,578.1124121.1221649.984,183.49115         7       Amounts from line 4       818,064.763,578.1124121.1221649.984,183.49115         8       Gross income from interest, dividends, paymeths received on securities loans, rents, royaties, and income from similar sources       23.45.49.66.139.3         9       Net income from interest, dividends, paymeths received on securities loans, rents, royaties, and income from unrelated business activities, whether or not the business is regularly carried on 10       12       107, 66.         10       Other income, Do not include gain or loss from the sale of capital assets (Explain IP ATV I).       12       107, 6         13       First 5 years. If the Form 980 is for the organization's first, second, third, fourth, or fifth tax year as a sectors DII(c)(3) organization, check this box and stop here.       14       95.37         14       15       98.09       163.317% or more, check this box and stop here.       14       95.37 <td></td> <td>ization's benefit and either paid to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge       818,064.763,578.1124121.1221649.984,183.49115         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)       818,064.763,578.1124121.1221649.984,183.49115         6 Public support, Subtract the 3 from the 4       818,064.763,578.1124121.1221649.984,183.49115         7 Amounts from line 4       818,064.763,578.1124121.1221649.984,183.49115         8 cross income from line 4       818,064.763,578.1124121.1221649.984,183.49115         8 cross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources a stituities, 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).       23.45.49.66.139.3         11 Total support. Add lines 7 through 10       12       107,6         12 First 5 year. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage       14       95.37         16 2017 Support tercentage for 2023 (in the caganization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization		or expended on its behalf						
the organization without charge       818,064.763,578.1124121.1221649.984,183.49115         Total. Add lines 1 through 3       818,064.763,578.1124121.1221649.984,183.49115         To the period 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)       227,2         Celledar year (or fised year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support         Celledar year (or fised year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support         Celledar year (or fised year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support         8 Gross income from interest, dividends, payments received on securities loans, rents, royatles, and income from similar sources attribute, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on 10       C ther income Do not include gain or loss from the sale of capital assets (Explain In Part VI)       12       1007,6         13       First Syears, If the Eorm 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       12       1007,6         14       Diblic Support Percentage       98.0.09       14 <td< td=""><td>3</td><td>The value of services or facilities</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	3	The value of services or facilities						
4 Total. Add lines 1 through 3       818,064.763,578.1124121.1221649.984,183.49115         5 The portion of total contributions by each person (dher than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f)       227,2         6 Public support, Subsective 5 nom line 4.       46843         Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support         2 cleadary set (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support         3 Gross income from interest, divides of sensitive or not the business activities, whether or not the data of capital assets (Explain in Part VI).       12       100         10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part VI).       12       100       14       95.37         12 First 5 years. It the Form Set of Public Support Percentage       223.45.49.5       14       95.37       14       95.37         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37       15       98.09       16       100         16 3 1/3% support test - 2023. If the organization fist, second, third, fourth, or fifth tax year as a sec		furnished by a governmental unit to						
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)       227, 2         6 Public support. Scenative 8 non ine 4.       46843         Section B. Total Support       408643         Section B. Total Support       (d) 2022       (e) 2021       (d) 2022       (e) 2023       (f) Total 3.4         7 Amounts from line 4.       818, 064.       763, 578.       1124121.       1221649.       984, 183.       49115         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI.)       23.       45.       49.       66.       139.       3         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       14       95.37         11 Total support. Add lines 7 through 10       15       98.       23.       45.       49.       66.       139.       3         12 Cross receipts from related activities, set, (see instructions)       12       1007.       6       1007.       6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14		the organization without charge						
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) 227, 2 6 Public support. Subtact live 5 from live 4 46843 Section B. Total Support 7 Amounts from line 4 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Support Subtact live 5 from live 4 46843 Section B. Total Support (a) 188, 064. 763, 578. 1124121. 1221649. 984, 183. 49115 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 9 Net income from unrelated business activities, etc. (see instructions) 23. 45. 49. 66. 139. 3 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 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 49119 12 Gross receipts from related activities, etc. (see instructions) 12 107, 6 13 First 5 years. If the Form 90 is for the organization is first, second, third, fourth, or fifth tax year as a section 5010(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 95.37 15 Public support percentage for 2023 (line 6, column (f), divided by supported organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Explain in Part VI. 13 1/3% support test - 2023. If the organization did not check the box on line 13, refa, and line 13 is 33 1/3% or more, check this box and stop here. Explain in Part VI. 14 2 95.37 15 98.09 16 33 1/3% support test - 2023. If the organization did not check the box on line 13, 16a, not line 13 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization did not check the box on line 13, 16a, not line 13 is 30% or more, and line 14 is 10% or more, and if the organization	4	Total. Add lines 1 through 3	818,064.	763,578.	1124121.	1221649.	984,183.	4911595.
governmental unit or publicly supported organization) included on line 11 that exceeds 25% of the amount shown on line 11, column (f)       227, 2         6 Public support.       Subtract line 5 from line 4.       227, 2         6 Public support.       Subtract line 5 from line 4.       227, 2         6 Public support.       Subtract line 5 from line 4.       227, 2         6 Public support.       Subtract line 5 from line 4.       227, 2         6 Public support.       Subtract line 5 from line 4.       227, 2         7 Amounts from line 4.       318, 064.       763, 578.       1124121.       1221649.       984, 183.       49115         7 Amounts from line 4.       318, 064.       763, 578.       1124121.       1221649.       984, 183.       49115         8 Gross income from similar sources.       23.       45.       49.       66.       139.       3         9 Net income from similar sources.       23.       45.       49.       66.       139.       3         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       12       107, 6         13 First 5 years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         8 410 Support percentage for 2023 (line 6, coltrum (f), divided by line 11, column (f))	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       227, 2         6 Public support. Subtract tee 5 hom line 4.       46843         Section B. Total Support       46843         Grass income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       41         9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest excest.       23.       45.       49.       66.       139.       3         9 Net income from interest dividends, payments received on securities loans, rents, royalties, and income from intereated business activities, whether or not the business is regularly carried on to Other income. Do not include gain or loas from the sale of capital assets (Explain in Part VI)       49.       12       1007, 6         11 Total support. Add lines for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, otheck this box and stop here.       222.       49.       95.37         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15 Public support percentage for 2023 (line 6, column (f), divided by line 14, so and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% o		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 227, 2 6 Public support. Subtract line 5 trom line 4. 46843 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 818, 064. 763, 578. 1124121. 1221649. 984, 183. 49115 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 23. 45. 49. 66. 139. 3 9 Net income from unrelated business activities, whether or not the business is regularly carried on similar sources. 23. 45. 49. 66. 139. 3 9 Net income from unrelated business activities, whether or not the business is regularly carried on similar sources. 23. 45. 49. 66. 139. 3 9 Net income from unrelated business activities, whether or not the business is regularly carried on similar sources. 23. 45. 49. 66. 139. 3 9 Net income from unrelated business activities, etc. (see instructions) 12 107, 6 13 First 5 years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Conton C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14. 14 95.37 15 Public support percentage from 2022 Schedule A, Part II, line 14. 15 31/3% or more, check this box and stop here. 30, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Support dorganization meets the facts-and-circumstances test. The organization did not check a box on line 13, field, or 16a, and line 14 is 10% or more, and if the organization meets the redar-and-circumstances test. The organization did not check a box on line 13, field, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, field, or 17a, and line 14 is 10% or more, and if the organization meets t		governmental unit or publicly						
amount shown on line 11, column (f) Public support. Successing 5 from line 4 Gross income from influes 7 through 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 <u>95.37</u> 15 Public support test - 2023. If the organization did not check ta box on line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 Other. The organization qualifies as a publicly supported organization 17 Public support test - 2023. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization 17 Public support test - 2023. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization 18 Public support test - 2023. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 19 Other. The organization qualifies as a publicly supported organization 19 Off - 47cts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other as a different the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other as an different and circumstances test. The organization qualifies as a publicly supported organization 19 Other as the facts-and-circumstances test. The organization qualifies as a publicly supported organization 19 Other as the facts-and-circumstances test. The organization qualifies a		supported organization) included						
column (f)       227,2         6 Public support. Subtract line 5 from line 4.       46843         Section B. Total Support       46843         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total Support.         7 Amounts from line 4       818, 064.       763, 578.       1124121.       1221649.       984, 183.       49115         8 Gross income from interest, dividends, paymeth secolved on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on       23.       45.       49.       66.       139.       3         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10       10       14       49119         12 Gross receipts from related activities, etc. (see instructions)       12       107, 6         13 First S years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here.         Section C. Computation of Public Support Percentage       14       98.0.9         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       98.0.9         15 Public support percentage for 2023 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check t		on line 1 that exceeds 2% of the						
6       Public support. Subtract line 5 rom line 4.       46843         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         A mounts from line 4       818,064.       763,578.       1124121.       1221649.       984,183.       49115         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources.       23.       45.       49.       66.       139.       3         9       Net income from unrelated business activities, whether or not the business is regularly carried on rolss from the sale of capital assets (Explain in Part VI.)       49119         10       Other income. Do not include gain or loss from related activities, etc. (see instructions)       12       1007,6         Section C. Computation of Public Support Percentage         Section C. Computation of Public Support Percentage         14       Public support test - 2023. (if the organization did not check abox on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         133 1/3% support test - 2023. If the organization did not check abox on line 13, ref. and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization		amount shown on line 11,						
6       Public support. Subtract line 5 rom line 4.       46843         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         A mounts from line 4       818,064.       763,578.       1124121.       1221649.       984,183.       49115         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources.       23.       45.       49.       66.       139.       3         9       Net income from unrelated business activities, whether or not the business is regularly carried on rolss from the sale of capital assets (Explain in Part VI.)       49119         10       Other income. Do not include gain or loss from related activities, etc. (see instructions)       12       1007,6         Section C. Computation of Public Support Percentage         Section C. Computation of Public Support Percentage         14       Public support test - 2023. (if the organization did not check abox on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         133 1/3% support test - 2023. If the organization did not check abox on line 13, ref. and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization		column (f)						227,213.
Section B. Total Support         Calendar year (or fiscal year beginning in)         7 Amounts from line 4         8 Gross income from interest,         dividends, payments received on securities loans, rents, royalties,         and income from similar sources         9 Net 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         22 Gross receipts from related activities, etc. (see instructions)         12 Gross receipts from related activities, etc. (see instructions)         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support test - 2023. If the organization (i), divided by line 11, column (fi)       14 95.37 (15 9 bublic support percentage for 2023 Schedule A, Part II, line 14 9 33 1/3% support test - 2023. If the organization did not check abox on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% - facts-and-circumstances test - 2023. If the organization did not check abox on line 13, r16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% - facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test 2023. If the organization did not check abox on line 13, r16a, or 16b, or	6	Public support. Subtract line 5 from line 4.						4684382.
7 Amounts from line 4       818,064.763,578.1124121.1221649.984,183.49115         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       23.45.49.66.139.3         9 Net income from unrelated business activities, whether or not the business is regularly carried on if the organization of the sale of capital assets (Explain in Part VI)       3         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       49119         11 Total support. Add lines 7 through 10       12       107, 6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       95.37         15 Public support percentage from 2022 Schedule A, Part II, line 14       98.09       16 33 1/3% or more, check this box and stop here         17 10% - facts-and-circumstances test 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13 10% or more, and line 14 is 10% or more, and if the organization qualifies as a publicly support dorganization         17 10% - facts-and-circumstances test 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17 10% - facts-and-circumstances test. the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the org						ł		
7 Amounts from line 4       818,064.763,578.1124121.1221649.984,183.49115         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       23.45.49.66.139.3         9 Net income from unrelated business activities, whether or not the business is regularly carried on if the organization of the sale of capital assets (Explain in Part VI)       3         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       49119         11 Total support. Add lines 7 through 10       12       107, 6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       95.37         15 Public support percentage from 2022 Schedule A, Part II, line 14       98.09       16 33 1/3% or more, check this box and stop here         17 10% - facts-and-circumstances test 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13 10% or more, and line 14 is 10% or more, and if the organization qualifies as a publicly support dorganization         17 10% - facts-and-circumstances test 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17 10% - facts-and-circumstances test. the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the org	Cale	ndar vear (or fiscal vear beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1124121.	1221649.		4911595.
dividends, payments received on securities loans, rents, royalties, and income from similar sources       23. 45. 49. 66. 139. 3         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       49119         11 Total support. Add lines 7 through 10       49119         12 Gross receipts from related activities, etc. (see instructions)       12       107, 6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       98.09         14 Public support test - 2023 (line 6, column (f), divided by line 11, column (f))       14 95.37       98.09         16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this 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 on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts	-			-			-	
securities loans, rents, royalties, and income from similar sources       23. 45. 49. 66. 139. 3         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       49119         11 Total support. Add lines 7 through 10       49119         12 Gross receipts from related activities, etc. (see instructions)       12       107, 6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       9         Section C. Computation of Public Support Percentage       14       95.37         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15 Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       15       98.09         16a 33 1/3% support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       14       95.37         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, and line 14 is 133 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       16		,						
and income from similar sources       23. 45. 49. 66. 139. 3         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       49. 49. 49. 49. 49. 49. 49. 49. 49. 49.								
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       4911.9         11 Total support. Add lines 7 through 10       12 107, 6         13 Gross receipts from related activities, etc. (see instructions)       12 107, 6         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage from 2022 Schedule A, Part II, line 14       14 95.37         15 Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organizati			23.	45.	49.	66.	139.	322.
activities, whether or not the business is regularly carried on       Image: Construction of the sale of capital assets (Explain in Part VI.)         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: Construction of Part VI.)         11       Total support. Add lines 7 through 10       Image: Construction of Part VI.)       Image: Construction of Part VI.)         12       Cross receipts from related activities, etc. (see instructions)       Image: Construction of Part VI.)       Image: Construction of Part VI.)         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       Image: Construction of Public Support Percentage         14       Public support percentage from 2022 Schedule A, Part II, line 14       Image: Construction of Public Support Percentage         16       33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 1	9							
business is regularly carried on       image: construction of the organization of lock this box and stop here.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       image: construction of Part VI.)         11       Total support. Add lines 7 through 10       image: construction of Part VI.)       image: construction of Part VI.)         12       107, 6         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       image: construction is in the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         13       33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         14       If the organization qualifies as a publicly supported organization         15       33 1/3% support test - 2022. If the organization did not check a box on line 13, neg or 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and s	·							
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       4911.9         11       Total support. Add lines 7 through 10       4911.9         12       Gross receipts from related activities, etc. (see instructions)       12       107, 6         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       95.37         14       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15       Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         13       31 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         14       10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13 or 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. E								
or loss from the sale of capital assets (Explain in Part VI.)       49119         11 Total support. Add lines 7 through 10       49119         12 Gross receipts from related activities, etc. (see instructions)       12       107,6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       95.37         Section C. Computation of Public Support Percentage       14       95.37         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15 Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       53 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part	10							
assets (Explain in Part VI.)       49119         11 Total support. Add lines 7 through 10       49119         12 Gross receipts from related activities, etc. (see instructions)       12 107, 6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14 95.37         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14 95.37         15 Public support percentage from 2022 Schedule A, Part II, line 14       15 98.09         16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2023. If the organization did not check a box on line 13, or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test. 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. The organization quali	10	Ŭ						
11 Total support. Add lines 7 through 10       49119         12 Gross receipts from related activities, etc. (see instructions)       12       107,6         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15 Public support percentage from 2022 Schedule A, Part II, line 14       15       98.09         16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       b 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in		•						
12       Gross receipts from related activities, etc. (see instructions)       12       107,6         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       95.37         15       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15       Public support percentage from 2022 Schedule A, Part II, line 14       15       98.09         16a       33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b       33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The org	44							4911917.
<ul> <li>13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 95.37</li> <li>15 Public support percentage from 2022 Schedule A, Part II, line 14 15 98.09</li> <li>16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>			etc. (see instructio	une)			12	107,673.
organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15       Public support percentage from 2022 Schedule A, Part II, line 14       15       98.09         16a 33       1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33       1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		, I ,		,	iourth or fifth tax y			10//0/31
Section C. Computation of Public Support Percentage         14       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15       Public support percentage from 2022 Schedule A, Part II, line 14       15       98.09         16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization         10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization         10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization         10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organizatio	10	•						
14       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       95.37         15       Public support percentage from 2022 Schedule A, Part II, line 14       15       98.09         16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       b 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization qualifies as a publicly supported organization       113 013 (16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization         b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <td>Sec</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>······</td>	Sec							······
<ul> <li>15 Public support percentage from 2022 Schedule A, Part II, line 14</li> <li>15 98.09</li> <li>16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>					column (f))		14	95.37 %
<ul> <li>16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>								
<ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>								
<ul> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	iou							
<ul> <li>and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	h			-				
<ul> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	, N							
<ul> <li>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</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> </ul>	172							
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	170							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		-			-		-	
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>۲</b>		-		• • • •	-		
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	a		-					
		· •						
18 Drivate foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this how and acc instructions	10	-						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	10	Fivate foundation. If the organizatio	T UIU HOL CHECK A		a, 100, 178, 01 170	, oneok this box a		

(

332022 12-21-23

Schedule A	(Form	990	202
		000	

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
• …						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	<u>.</u>	•	*	•	•	•
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here	-			-		
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))	)	17	%
<b>18</b> Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2023.</b> If the					· · · ·	
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2022.</b> If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23			,, <b>z</b> con(			lule A (Form 990) 2023
		15	5			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

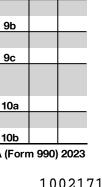
### Part IV Supporting Organizations

(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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

332024 12-21-23



Schedule A (Form 990) 2023

Schedule A	(Form 990)	2023	TERI	EBINTH
Part IV	Suppor	ting (	Organizations	(continued)

Yes No

1

# 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons? Image: Control of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the following persons? Image: Control of the following persons?

REFUGE

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>		
	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		 

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).

Section D.	. All Type III	Supporting	Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you suppor	ted a governmental entity (see instruction <u>s).</u>
---	--	---	------------------------------------	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

09550411 136621 1002171.000

2023.03030 TEREBINTH REFUGE

Yes No

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	tion 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 integrated	d Type III supporting orga	inization (see

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

81-3807059 Page 6

332026 12-21-23

10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2023

Section D - Distributions

2

3

4

6

7

8

9

81-3807059 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

2

3

4

5 6

7

8 9

**Current Year** 

Schedule A (Form 990) 2023

10021711

Schedule A	(Form 990) 2023	TEREBINTH	REFUGE		81-3807059 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>mation.</b> Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	ne explanations requ a, 6, 9a, 9b, 9c, 11a, /, Section E, lines 1c	ired by Part II, line 10; Part II, lin 11b, and 11c; Part IV, Section E , 2a, 2b, 3a, and 3b; Part V, line 5. Also complete this part for any	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	_,	,		
332028 12-21-2	3		20		Schedule A (Form 990) 2023

### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

81-3807059

Schedule	В
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

### TEREBINTH REFUGE

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

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

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

Schedule B (Form 990) (2023)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>50,000.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>50,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Nemerson
		\$ <u>25,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. <u>4</u>	(b) Name, address, and ZIP + 4	(c) Total contributions \$52,500.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4	Total contributions         \$       52,500.         (c)       (c)         \$       25,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)
  	Name, address, and ZIP + 4	Total contributions         \$       52,500.         (c)       (c)         Total contributions       25,000.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Voncash       Image: Complete Part II for noncash contributions.)
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4	Total contributions         \$       52,500.         (c)       (c)         \$       25,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)

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

### TEREBINTH REFUGE

Employer identification number

81-3807059

Schedule B (Form 990) (2023)

### 10021711

Schedule B (Form 990) (2023)

Name of organization

Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$       20,000.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions         \$       20,000.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>20,000.</u>	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
11		\$ <u>20,000.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	6-23		Schedule B (Form 990) (2023)

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

TEREBINTH REFUGE

Name of organization

Part I

Page 2 Employer identification number

81-3807059

24 2023.03030 TEREBINTH REFUGE

09550411 136621 1002171.000

(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

TEREBINTH REFUGE

Name of organization

Part II

Employer identification number

Page 3

81-3807059

323453 12-26-23

Schedule B (Form 990) (2023)

Name of o	rganization		Employer identification number			
TEREB	INTH REFUGE		81-3807059			
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
	from any one contributor. Complete columns (a)	hrough (e) and the following line er the	entry. For organizations or less for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional	space is needed.	· · · · · · · · · · · · · · · · · · ·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		e) Transfer of gi	jift			
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee			
		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			[			
	(e) Transfer of gift					
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) Na		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	yift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
			<u> </u>			

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

26 2023.03030 TEREBINTH REFUGE Page 4

SCHEDULE	)
----------	---

Department of the Treasury

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.



Internal Revenue Service

Nam	e of the organization TEREBINTH REFUGE			Employer identification number 81-3807059
Par		d Funds or Othe	er Similar Fund	
1 41	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor ad	lvised funds	(b) Funds and other accounts
	Tatal number at and afterna			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		· · ·	
Par	impermissible private benefit?			
				J, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	· · ·	<u> </u>	
	Preservation of land for public use (for example, recrea	ation or education)		of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
-	Preservation of open space	<i></i>		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cor	ntribution in the form	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
a				
b				
C J	Number of conservation easements on a certified historic str			
d	Number of conservation easements included on line 2c acqu	-		
~	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished,	, or terminated by ti	he organization during the tax
4	year Number of states where property subject to conservation ea	soment is located		
5	Does the organization have a written policy regarding the pe			— f
Ŭ	violations, and enforcement of the conservation easements i			YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		U	, C	0,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conserv	vation easements during the year
			C C	
8	Does each conservation easement reported on line 2d above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	ion easements in its r	evenue and expension	se statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organizati	on's financial state	ments that describes the
_	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, educatio	n, or research in fu	rtherance of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical tre			al gain, provide
	the following amounts required to be reported under FASB A	-		•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

2023.03030 TEREBINTH REFUGE

27

Sche		ITH REFUGE						81-38			ige <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	ollowing that	make sig	gnificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how the	y further th	e organizatio	n's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	rganization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian, or other intermed	diary for co	ontribution	s or other as	sets not i	included		-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7		
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII										<u> </u>
Fai	t V   Endowment Funds Complete i	(a) Current year		es" on ⊢or ior year	m 990, Part I (c) Two year		). (d) Three ye	are back	(e) Four	voare k	hack
4.	Desiration of second allocate			ioi yeai		5 Dauk		Sals Dauk	(e) i oui	years i	Jack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur		l (lina 1 a		) hold oo:						
2	Board designated or quasi-endowment		e (iine rg, %	column (a)	) Helu as.						
a b	Permanent endowment	%									
с С	Term endowment	<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	_^ -									
3a	Are there endowment funds not in the posse		ation that a	are held ar	nd administer	ed for the	2				
	organization by:			are nota a			5		Г	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the									- 1	
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)	• •	ccumulate	d	<b>(d)</b> Book	value	;
<b>1</b> a	Land			4	6,000.				46	,00	0.
	Buildings				9,100.		10,25	57.		, 84	
	Leasehold improvements				3,594.		79,53			,06	
	Equipment				5,434.		56,20			,23	
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 100	c. column			<u>.</u>		288	,13	39.
				-							

Schedule D (Form 990) 2023

		Other Ceaudities	
Schedule D	(Form 990) 2023	TEREBINTH	REFUGE

di DESU INTINI OF SECULIV OF CALEGORY (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-vear market value
<ul><li>(a) Description of security or category (including name of security)</li><li>1) Financial derivatives</li></ul>	(S) BOOK Value		or your market value
N. Oleash, hald an it, interests			
<ol> <li>Closely held equity interests</li> <li>Other</li> </ol>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(W) DOUR VAIUE		or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 000 Dart IV lina	11d See Form 000 Dort V line 15	
	Description	TTd. See Form 990, Fart A, line 13.	(b) Book value
			(b) DOOK value
(1)			
(2)			
(0)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col	<i>(B))</i>		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 TEREBINTH REFUGE			81-	3807059	Page <b>4</b>					
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F				0					
	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	1,098,	181.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:										
а	Net unrealized gains (losses) on investments	2a									
b	Donated services and use of facilities	2b	77,931.								
с	Recoveries of prior year grants										
d											
е	Add lines 2a through 2d			2e	77,	931.					
3	Subtract line 2e from line 1			3	1,020,	250.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:										
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a									
b	Other (Describe in Part XIII.)	4b	-35,529.								
с	Add lines <b>4a</b> and <b>4b</b>			4c		529.					
5						721.					
Pa			Expenses per F	Retur	n	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.										
1	Total expenses and losses per audited financial statements			1	1,145,	184.					
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,145,	184.					
-	Total expenses and losses per audited financial statements		83,283.	1	1,145,	184.					
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	1,145,	184.					
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	83,283.	1	1,145,	184.					
2 a b	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c		1							
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	83,283.	2e	118,	812.					
2 a b c d	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	83,283.			812.					
2 a b c d e	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	83,283.	2e	118,	812.					
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	83,283.	2e	118,	812.					
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	83,283.	2e	118,	812.					
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a       2b       2c       2d	83,283.	2e	<u>118</u> , 1,026,	<u>812.</u> 372.					
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a       2b       2c       2d	83,283.	2e 3	118,	<u>812.</u> 372.					

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EVENT EXPENSES NETTED WITH REVENUE	-10,208.
COST OF GOODS SOLD NETTED WITH REVENUE	-25,321.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-35,529.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSES NETTED WITH REVENUE	10,208.
COST OF GOODS SOLD NETTED WITH REVENUE	25,321.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	35,529.

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						2023			
	organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service								Open to Public Inspection		
Name of the organization				and t			Employer id	identification number		
	TEREBIN	TH REFUGE					81-380	07059		
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not		
· · · ·	complete this part									
a       Mail solicitat         b       Internet and         c       Phone solici	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
•		art VII) or entity in connection with p		Ũ				s 🗌 No		
		viduals or entities (fundraisers) pursu			•	ie fur				
compensated at le				0						
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	fundraiser to (or retai		(vi) Amount paid to (or retained by) organization		
			Yes	No						
		L	1	I				+		
Total										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	I-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 RISE BREAKFAST	(b) Event #2 STRONGER TOGETHER	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Ine					,	
Revenue	1	Gross receipts	105,215.	8,106.		113,321.
	2	Less: Contributions	105,215.	8,106.		113,321.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes	2,608.	593.		3,201.
pense	6	Rent/facility costs	350.			350.
Direct Expenses	7	Food and beverages	16,893.	3,679.		20,572.
D		Entertainment		100.		4,325.
		Other direct expenses		2,456.		16,331.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	44,779.		
		Net income summary. Subtract line 10 from li	-44,779.			
Ра	rt I	<b>J</b> complete in the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
leve						
Ľ	1	Gross revenue				
s	2	Cash prizes				
nse						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

9 Enter the state(s) in which the organization conducts gaming activities:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

%

Yes

No

%

Yes

No

%

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

Yes

No

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	TEREBINTH	REFUGE	81-3807059 Page 3
11	Does the organization conduct ga	aming activities with	nonmembers?	Yes No
12	Is the organization a grantor, bene	eficiary or trustee of	a trust, or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gaming			1 1
14	Enter the name and address of th	e person who prepa	res the organization's gaming/special events books and reco	rds:
	Nama			
	Name			
	Address			
15a	Does the organization have a con	tract with a third par	ty from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam	ing revenue received	l by the organization \$ and the a	mount
	of gaming revenue retained by the			
С	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
	Address			
16	Gaming manager information:			
	carming manager mermation.			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
	•	r state law to make c	haritable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b	Enter the amount of distributions	required under state	law to be distributed to other exempt organizations or spent	t in the
	organization's own exempt activit	ies during the tax ye	ar \$	
Ра			ne explanations required by Part I, line 2b, columns (iii) and (	<i>ı</i> ); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pro	vide any additional information. See instructions.	
33208	33 09-13-23			Schedule G (Form 990) 2023
			34	-

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

332084 04-01-23

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

23

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection Employer identification number

81-3807059

2

Name of the organization

### TEREBINTH REFUGE

Par	τι	Types of Property							
			<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	<b>(d)</b> Method of de	termini	ing	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	S
1	Art -	Works of art			<u> </u>				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods	Х		25,260.	FMV			
6		s and other vehicles	Х	1	8,000.	FMV			
7		ts and planes							
8		lectual property							
9		urities - Publicly traded							
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trus	t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other $_{\dots}$							
15		estate - Residential							
16	Rea	estate - Commercial							
17	Rea	estate - Other							
18		ectibles							
19		d inventory	Х	40	3,439.				
20		gs and medical supplies							
21		dermy							
22		orical artifacts							
23		entific specimens							
24		neological artifacts		0.7	10 200				
25	Oth	· /	X	27	10,376.	F.WA			
26	Oth	· /							
27	Oth	· /							
<u>28</u>	Oth								
29		hber of Forms 8283 received by the organiz							
	tor V	vhich the organization completed Form 828	33, Part V, L	onee Acknowledg	ement <b>29</b>			V	
<b></b>	<b>D</b>				and a Dariel Brand Alberta	h 00 th th		Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least 3 years from the date of t					00-		v
<b>b</b>		npt purposes for the entire holding period?					30a		X
	b       If "Yes," describe the arrangement in Part II.         Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31							x	
31			•	-	-	ions ?	31		
з∠а		s the organization hire or use third parties of the transmission of transmission of the transmission of transmission of transmission of transmission of the transmission of transmission o		•	· • ·		20-		x
h		tributions?					32a		
		e organization didn't report an amount in c	olumn (o) foi	rature of property	for which column (a) is show	ked			
00						anal.			

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

### Schedule M (Form 990) 2023 TEREBINTH REFUGE Part II Supplemental Information. Provide the info

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

### THE TOTAL NUMBER OF CONTRIBUTORS IS BEING REPORTED IN COLUMN B.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

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. **ZUZ5** Open to Public Inspection Employer identification number 81-3807059

OMB No. 1545-0047

TEREBINTH REFUGE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INDEPENDENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- 21 WOMEN SERVED IN THE SHELTER.

- 20 WOMEN DEVELOPED A SAFETY PLAN AND CASE PLAN.

- 3 RESIDENTS RECEIVED LEGAL ADVOCACY SUPPORT SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- 20 RESIDENTS RECEIVED EDUCATION ON HEALTH CONCERNS AND MEDICATION

**REGIMENS**.

- 20 RESIDENTS HAD OPPORTUNITIES TO GROW IN THEIR FAITH AND SPIRITUAL

LIVES.

IN THIS YEAR, WE STRENGTHENED OUR HEALTH & WELLNESS PROGRAMMING

FACILITATED BY OUR REGISTERED NURSE AND OUR PSYCHOLOGIST CONSULTANT. WE

EXPANDED OUR THERAPEUTIC GROUPS AND MENTAL HEALTH CURRICULUM, BEING

ABLE TO PURCHASE MATERIALS FROM GRANT FUNDS. THE PSYCHOLOGIST CONTINUES

TO PROVIDE THERAPY WITHIN THE HOME. THE RN FACILITATED A HEALTH &

WELLNESS GROUP EVERY OTHER WEEK ASKING THE WOMEN FOR TOPICS OF

INTEREST. SHE ALSO CONTINUES TO ASSESS EACH WOMAN FOR MEDICAL NEEDS AND

REFERS THEM TO THE APPROPRIATE MEDICAL PROFESSIONALS. BOTH COMPONENTS

OF HEALTH & WELLNESS ARE INTEGRAL TO THE SUCCESSFUL JOURNEY OF HEALING

FOR THE WOMEN WE SERVE.

09550411 136621 1002171.000

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

Schedule O (Form 990) 2023	Page <b>2</b>				
Name of the organization	Employer identification number				
TEREBINTH REFUGE	81-3807059				
THE TRANSITIONAL PROGRAM IS THE FOURTH PHASE OF PROGRAMMIN	G. 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. 8 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. 9 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.

EXPENSES \$ 73,592. INCLUDING GRANTS OF \$ 2,339. REVENUE \$ 0.

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

KATHY MAYHEW AND MICK MAYHEW HAVE A FAMILY RELATIONSHIP.

332212 11-14-23

09550411 136621 1002171.000

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 AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS

SET FORTH IN SECTION 6104(D).

FORM 990, PAGE 12, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF AN

ACCOUNTANT AND THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT.

332212 11-14-23