orm 990

**Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

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

2023
Open to Public

Department of the Treasury

Intė		nue Service			for instructions and th				Inspection
<u>A</u>	For the	e 2023 c	calendar year, or tax year beginni				24		
В	Check if a	pplicable:	C Name of organization RESILI	ENCE: ADVO	CATES FOR END	ING		D Employ	er identification number
	Address c	change	VIOLEN	CE				l	
$\bar{\Box}$	Name cha	ange	Doing business as					**-*	**1204
$\Box$		ŭ	Number and street (or P.O. box if mail is not 411 BUTTERNUT DRIVE		dress)		Room/suite	E Telepho	ne number 392-2829
Ш	Initial return		City or town, state or province, country, and		code			010-	332-2023
	terminated		HOLLAND	MI 4942				<b>2</b> 0	2 827 450
	Amended	return	F Name and address of principal officer:	MI 4942	· <del></del>			<b>G</b> Gross re	ceipts\$ 2,827,450
	Applicatio	n pending	ORTENCIA BOS				H(a) Is this a gr	oup return for	subordinates Yes X No
		, ,	411 BUTTERNUT DE	OT77F			H(b) Are all su	oordinates in	cluded? Yes No
			HOLLAND		49424		1 ' '		. See instructions
_	Tay ayar	mnt atatus	· .			:07			
÷		mpt status:	WW.RESILIENCEMI.O	) (insert no.)	4947(a)(1) or 5	527	H(a) C		
<u>,</u>	Website					П.	Year of formation: 1		
	Part I	1000	n: X Corporation Trust Associa	ation Other			Year or formation: 1	911	M State of legal domicile: MI
			escribe the organization's mission o	r most significant	activities				
Ф			PROVIDE DOMESTIC AND S			DECDO	MCF CIIDI		
S						KESPU	MSE, SUPE	OKITVI	<u>.</u>
rna		COON	SELING, AND PREVENTION	ON SERVICES	5.				
Governance	1								
			nis box if the organization discor						1 10
Activities &	3 1	Number	of voting members of the governing	j body (Part VI, lin	ne 1a)			3	10
ij	4 N	Number	of independent voting members of t	the governing boo	dy (Part VI, line 1b)			4	10
ξ	5 1		mber of individuals employed in cale						51
Ac	6	Fotal nur	mber of volunteers (estimate if nece	essary)				6	75
	7a⊺	Γotal unr	related business revenue from Part	VIII, column (C),	line 12				0
	l b1	Net unre	lated business taxable income from		7b	0			
		Contribut	tions and grants (Dort VIII line 1h)				Prior Ye	ar 2,127	Current Year 2,581,445
Revenue		) Drogram	tions and grants (Part VIII, line 1h)					$\frac{2,12}{4,325}$	875
ven	9 F		service revenue (Part VIII, line 2g)					<del>1,323</del> 4,822	
Re	10 11		ent income (Part VIII, column (A), lin					<del>1,822</del> 8,176	
			venue (Part VIII, column (A), lines 5						
_			venue – add lines 8 through 11 (mus					9,450	
			ind similar amounts paid (Part IX, co		–3)		40.	3,33 <u>5</u>	399,147
	1		paid to or for members (Part IX, col				1 00	0 0 0 0	1 004 720
ses	15 5		, other compensation, employee bea				1,90	8,829	1,804,729
Expenses	16aF		onal fundraising fees (Part IX, colum	nn (A), line 11e)	225,475				U
X	·  b		draising expenses (Part IX, column				7.4	C 000	004 106
_	"		penses (Part IX, column (A), lines 1		*			6,807	824,196
		-	penses. Add lines 13–17 (must equa		(A), line 25)			3,971	3,028,072
Ξ,	19 🗜	Revenue	e less expenses. Subtract line 18 fro	om line 12				9,521	-242,132 End of Year
Net Assets or	an a	Fotal aca	sets (Part X, line 16)				Beginning of Cu	5,182	5,131,280
ASSE	20 1		-:I:4: (D+ V ) I: OC\					$\frac{3,102}{5,322}$	192,313
et/			oilities (Part X, line 26) ets or fund balances. Subtract line 2					8,860	4,938,967
		9.93		i irom line 20			4,70	5,000	4,330,307
	Part II		gnature Block						
			f perjury, I declare that I have examined complete. Declaration of preparer (other						f my knowledge and belief, it
	. 45, 55116	], and C	James Decidiation of preparer (other	omoor jis basi	5. on an information of w	on prop	and had any kill	I	
c:		Signature	e of officer					Dat-	
	gn	*			<b>DD</b> =2			Date	
H	ere		ENCIA BOS		PRESII	DENT			
_			print name and title				15.		
D-	ial		pe preparer's name	Preparer's sigr			Date	Check	
Pa		ERIC I	P. VANDOP, CPA		VANDOP, CPA		08/14	/25 self-er	
	eparer	Firm's na		LONG, P.	C		F	Firm's EIN	**-***8116
US	e Only		PO BOX 999						
		Firm's ad	dress MUSKEGON, M	II 49443	-0999		l F	Phone no.	231-726-5800

Form 990 (2023) RESILIENCE:	ADVOCATES FOR EN	<u> </u>	**1204	Page <b>2</b>
	m Service Accomplishm contains a response or no		is Part III	
Briefly describe the organization's mis		<b>,</b>		
TO PROVIDE DOMESTIC COUNSELING, AND PREV	AND SEXUAL VIOI	•	S RESPONSE, SUP	
•				
2 Did the organization undertake any s	gnificant program services duri	ng the year which were	not listed on the	
				Yes X No
If "Yes," describe these new services				
3 Did the organization cease conductin services?		-	· -	Yes X No
If "Yes," describe these changes on S				Tes A NO
4 Describe the organization's program:		ch of its three largest r	orogram services, as measure	ed by
expenses. Section 501(c)(3) and 501 the total expenses, and revenue, if ar	(c)(4) organizations are require	d to report the amount		
4a (Code: ) (Expenses \$	1,577,064 including 6	grants of\$	27,370 ) (Revenue \$	)
INTERVENTION SERVICE PROVIDES A 24-HOUR IN ASSAULT FORENSIC NUMBER OF THE PLANNING, ADVOCACY IN A SURVIVOR-CENTER CLIENTS IN FY2024 AND ASSAULT SURVIVOR-CENTER OF THE PROPERTY OF THE PROPERT	HELPLINE, FACE-T RSE EXAMINATIONS AND SUPPORT TO F RED, EMPOWERMENT	S, SUPPORT O RESPOND TO I I-BASED, TR	ROUPS, TRAUMA DOMESTIC AND SE AUMA INFORMED W	THERAPY, SAFET XUAL VIOLENCE AY. SERVED 965
		,		
4b (Code: ) (Expenses \$ SUPPORTIVE HOUSING PROVIDES RENTAL ASS: GOAL IS TO HELP CLII CLIENTS (ADULTS AND	ENT BE SELF SUFF	E ADVOCACY S		SERVED 115
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
	100 104			<del></del>
	180,124 including g	grants of\$	) (Revenue \$	)
PREVENTION PROGRAMM: INCREASES THE COMMUI		TO RECOGNIZ	ZE, RESPOND TO	AND PREVENT
DOMESTIC AND SEXUAL				
PROGRAM, RESILIENCE				
PROGRAMMING WITH K-INDIVIDUALS IN FY202		OMMUNITY-BAS	SED PARTNERS. S	ERVED /94
• • • • • • • • • • • • • • • • • • • •				
Ad Other program convices (Describe on	Schodula ()			
4d Other program services (Describe on (Expenses \$	including grants of\$	\ /⊑	Revenue \$	1
4e Total program service expenses	2,423,601	<i>)</i> (I:	CTOTINO W	,

### Form 990 (2023) RESILIENCE: ADVOCATES FOR ENDING \*\*-\*\*

**Checklist of Required Schedules** 

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 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 X "Yes," complete Schedule D, Part I 6 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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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	23		l "
2/2	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
2 <del>4</del> a	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			T
·	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			١
	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? <i>If</i> "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
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<del></del>
·	"Ves." complete Schedule I. Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	х	<del></del>
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? <i>If</i> "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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		l "
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		<del> </del>
00	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	00	,	
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2023) RESILIENCE: ADVOCATES FOR ENDING \*\*-\*\*\*1204

Page **5** 

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (con	tinue	ed)		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	51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturn	s?	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 Sched	lule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	ner au	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other finan	icial 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 Financia	al Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	ısacti	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and die	d the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots$			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	ution	s or			
	gifts 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 f	for go	ods	_		77
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	t was				37
	required to file Form 8282?	7-1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	t			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit so			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co If the organization received a contribution of qualified intellectual property, did the organization file			7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, airplanes,		· · · · · · · · · · · · · · · · · · ·	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta					
·	sponsoring organization have excess business holdings at any time during the year?	aniou	by the	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	1 1 1 1 2	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	· · · · · · · · · · · · · · · · · · ·	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fi	orm	1041?	12a		
	• • • • • • • • • • • • • • • • • • • •	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	· · · · · · · · · · · · · · · · · · ·	13b				
		13c		44-		77
				14a		<u> </u>
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sche</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu			14b		
10				15		x
	excess paracrute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			19		_/\_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investm	ent i	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.	iorit II	100mg:	19		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any a	ctivit	es			
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Part VI

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a   ]	L 0			
	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	· · · · · · · · · · · · · · · · · · ·	1b   ]	L0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?		4		X
5				5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		
	one or more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		37
•	stockholders, or persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by	tne follow		77	
a	The governing body?			8a	X X	
ь	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		x
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the In	nterna	l Reven		nde )	
000	tion B. I oncies (This occion B requests information about policies not required by the in	iterria	ITCVCIII	10 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ina the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	3	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	rise to d	conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a						
	with a taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			4.01		
000	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 40	List the states with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (	(section	1 DUT(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
10	X Own website X Another's website X Upon request Other (explain on Schedule O)	toract :	olio:			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of infancial statements available to the public during the tax year.	iciesi þ	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	corde				
	Take the hame, address, and telephone hamber of the person who pessesses the organization's books and let	Joi au.				

JMT CONSULTING MOUNT JULIET

1982 PROVIDENCE PKWY

TN 37122

314-594-4424

Form 990 (2023) RESILIENCE: ADVOCATES FOR ENDING

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•	_	~	~	~	- 1	/.	U 4	

Page 7

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

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

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

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

Check this box if neither the or		•					ompensated any current o	officer, director, or trustee	
(A) Name and title									
(1) ORTENCIA BOS PRESIDENT	1.00	x		x			0	0	0
(2) SHANNON GARRETT	•								
VICE PRESIDENT	1.00	x		x			) 0	o	0
(3) DR. LANA ZARLEN								0	0
	1.00								
SECRETARY (4) TINA FIERRO	0.00	X		X			0	0	0
TREASURER	1.00	х		x			0	0	0
(5) DR. LAURIE BIRK	HOLZ 1.00								
MEMBER	0.00	$ \mathbf{x} $					0	0	0
(6) BLAKE ANDREA									
MEMBER	1.00	х					0	0	0
(7) DR. KEVIN CARMO									
MEMBER	1.00	x					0	o	0
(8) KATY GIBSON									
MEMBER	1.00	x					0	o	0
(9) AIDA TANAKA	0.00								0
MEMBER	1.00	x					0	0	0
(10) DET. SGT. JASON	VALENZ		ιA						
MEMBER	1.00	х					0	0	0
(11) BETH LARSEN	40.00								
FORMER EX. DIRECTOR	40.00			x			71,630	0	6,923

Form 990 (2023) RESILIENCE: ADVOCATES FOR ENDING \*\*-\*\*\*1204

Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	/ Em	ploy	yees	s, and Highest Compens	ated Employees (continu	ued)			
(A) Name and title	(B) Average hours per week	off	x, unle icer a	Pos check ess pe nd a c	erson directo	than is botl or/trus	h an tee)	( <b>D</b> ) Reportable compensation from the	<b>(E)</b> Reportable compensation from related		( <b>F</b> ) imated a of othe ompensa	r	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the ganization ed organi	n and	\$
(12) MEGAN HENNES (12) EXECUTIVE DIRECTOR	SEY 40.00 0.00			х		0		76,025	0			3,9	73
(13)													
(14)													
(15)													
(16)													
(17)								Q					
(18)								O,					
(19)								)					
								147,655			1	0,8	96
c Total from continuation should Total (add lines 1b and 1c)								147,655			1	0,8	96
Total number of individuals (in reportable compensation from the compensation from	including but no	t lim	ited	to th	ose	liste	d ab		than \$100,000 of				
											,	Yes	No
3 Did the organization list any temployee on line 1a? If "Yes	," complete Sch	edu	le J	for s	uch	indiv	⁄idua	al			3		Х
4 For any individual listed on line organization and related organization.													
individual	•							•			4		X
5 Did any person listed on line for services rendered to the o									on or individual		5		х
Section B. Independent Contract									U \$400.000 f				
Complete this table for your to compensation from the organ	nization. Report	con	sate ipen	a ind satio	nepe on fo	nae r the	nt co	endar year ending with or	within the organization's	tax year.			
Name and	d business address							Descrip	(B) tion of services		Com	(C) pensati	ion
2 Tatal sumban of	h nambra ata - //	al: · · ·	in '		-+ ··		1 + - '	than listed than 1					
2 Total number of independent received more than \$100,000								tnose listed above) who	0				

*	*	_	*	*	*	1	2	U	4

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Related or exempt (D) Revenue excluded Unrelated function revenue from tax under business revenue sections 512-514 42,172 1a Federated campaigns 1a **b** Membership dues ..... 1b **c** Fundraising events ..... 1c **d** Related organizations ..... 1d e Government grants (contributions) 1,383,972 **f** All other contributions, gifts, grants, 1,155,301 1f and similar amounts not included above ..... g Noncash contributions included in lines 1a-1f ..... 59,695 1g 2,581,445 h Total. Add lines 1a-1f Business Code 875 Program Service Revenue 875 GH BUILDING **f** All other program service revenue ..... 875 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,437 other similar amounts) ..... 6,437 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 92,073 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с 92,073 92,073 92,073 d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 133,490 1c). See Part IV, line 18 8a **b** Less: direct expenses ..... 41,510 91,980 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ..... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances **b** Less: cost of goods sold ..... 10b c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 13,130 13,130 11a OTHER d All other revenue ..... 13,130 e Total. Add lines 11a-11d

2,785,940

112,515

0

Total revenue. See instructions

Form 990 (2023) RESILIENCE: ADVOCATES FOR ENDING \*\*-\*\*\*1204

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) Management and (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 399,147 399,147 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 121,009 97,948 11,383 11,678 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,413,743 1,145,760 132,012 135,971 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 269,977 214,971 27,822 27,184 Payroll taxes Fees for services (nonemployees): a Management ..... **b** Legal c Accounting 34,563 34,563 **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... 8,308 8,308 **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 174,205 106,223 64,315 3,667 16,650 41,568 23,115 1,803 12 Advertising and promotion Office expenses 3,500 3,500 13 Information technology ..... 14 Royalties 111,313 103,064 5,568 2,681 Occupancy 16 24,772 27,383 1,542 Travel 1,069 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 888 850 38 20 Payments to affiliates ..... 21 10,127 121,384 106,194 5,063 Depreciation, depletion, and amortization 37,976 29,835 6,281 1,860 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 27,791 18,189 EQUIPMENT RENTAL 94,311 48,331 GIFTS IN KIND 59,695 59,695 56,330 47,518 5,565 3,247 SUPPLIES 19,901 9,072 9,531 1,298 TRAININGS 7,95632,871 <u>13,1</u>88 11,727 **e** All other expenses Total functional expenses. Add lines 1 through 24e 3,028,072 2,423,601 378,996 225,475 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

### Part X Balance Sheet

	Check if Schedule O contains a response o	r note to any	line in this Part X		<del></del> T	(D)
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	0b					
ן ו				255,228 330,110	1	343,313
2				339,119	2	169,831
3	,			217,692	3	280,120
4	,			2,346	4	2,515
5	•					
	trustee, key employee, creator or founder, substa		tor, or 35%		_	
١,	controlled entity or family member of any of these				5	
. 6						
Assets	under section 4958(f)(1)), and persons described				7	
S   7	· · · · · · · · · · · · · · · · · · ·					
۰۱ ۵				93,083	8	72,096
9	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	т.		33,063	9	12,090
10	Da Land, buildings, and equipment: cost or other	400	2 502 605			
	basis. Complete Part VI of Schedule D	ايمدا	3,582,695 1,867,298	1,828,784	40-	1 715 207
- 1	b Less: accumulated depreciation			1,040,704	10c	1,715,397
11		4			11	
12					13	
14	,				14	
15	Con Down IV line 11			2,168,930	15	2,548,008
16				4,905,182	16	5,131,280
17				160,859	17	170,713
18				100,033	18	1/0,/15
19				2,025	19	
20	• • • • • • • • • • • • • • • • • • •			2,025	20	
21		art IV of Sche	dule D		21	
- 1					<b>4</b> 1	
Liabilities	trustee, key employee, creator or founder, substa	_				
<u>=</u>	controlled entity or family member of any of these				22	
៲៰៸៲					23	
24		-	es	33,438	24	21,600
25	· ·		ed third	00,100		
-	parties, and other liabilities not included on lines					
	of Schedule D				25	
26				196,322	26	192,313
,,	Organizations that follow FASB ASC 958, chec			•		
<u> </u>	and complete lines 27, 28, 32, and 33.					
[ 27				2,571,321	27	2,421,833
<u>ස</u> ී   28			. <u></u>	2,137,539	28	2,517,134
[ [	Organizations that do not follow FASB ASC 95	8, check he	·			
년	and complete lines 29 through 33.					
Ö   29			[		29	
36   Se	· ·				30	
<b>%</b>   31	Retained earnings, endowment, accumulated inco	ome, or other			31	
Net Assets or Fund Balances				4,708,860	32	4,938,967
<b>~</b>   33				4,905,182	33	5,131,280

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets			`	
	Check if Schedule O contains a response or note to any line in this Part XI				_X_
1	Total revenue (must equal Part VIII, column (A), line 12)		2,78	35,9	940
2	Total expenses (must equal Part IX, column (A), line 25)		3,02	28,0	072
3	Revenue less expenses. Subtract line 2 from line 1		-24	<u> 2, :</u>	<u> 132</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,70	8,8	<u>860</u>
5	Net unrealized gains (losses) on investments 5		47	2,2	<u> 239</u>
6	Donated services and use of facilities 6				
7	Investment expenses				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) 10	4	1,93	88,9	<u>967</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	X	
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RESILIENCE: ADVOCATES FOR ENDING Employer identification number VIOLENCE \*\*-\*\*1204

P	art	Reas	on for Public Charity	/ Status. (All organizatio	ns mu	st comp	lete this part ) See instr	uctions	
	00000000000			use it is: (For lines 1 through 1				dollorio.	
1			•	ssociation of churches describe		•	•		
2	H			)(A)(ii). (Attach Schedule E (F			(0)(1)(A)(1).		
3	$\vdash$			vice organization described in			Λ(Δ)(iii)		
4	H		·	ed in conjunction with a hospit				the hospital's name	
4	Ш	city, and stat	=	ed in conjunction with a nospit	ai uescii	Dea III <b>Se</b>	ction 170(b)(1)(A)(iii). Litter	the hospital's hame,	
_		•		t of a college or university own	od or on	orated by	a governmental unit describe	od in	
5	Ш	_	·	=	ieu oi op	erated by	a governmental unit describe	eu III	
6			(b)(1)(A)(iv). (Complete Pa	governmental unit described in	n <b>sactio</b>	n 170(h)(	1)(A)(y)		
7	X		=	a substantial part of its support				public	
'	21	-	section 170(b)(1)(A)(vi). (		t iioiii a ţ	governine	intal unit of from the general p	Jublic	
8				170(b)(1)(A)(vi). (Complete F	Part II.)				
9	Н	-		escribed in section 170(b)(1)(	-	erated in	conjunction with a land-grant	college	
	ш			e of agriculture (see instruction					
		university:	o o	,	,				
10		An organizat	tion that normally receives	(1) more than 33 1/3% of its su	ipport fro	m contrib	outions, membership fees, an	d gross	
		•		empt functions, subject to certa	_		` '		
			•	and unrelated business taxable			,	S	
44		-	=	30, 1975. See <b>section 509(a)</b>	1 1	1	-		
11	Н	Ū	•	d exclusively to test for public s			` '` '		
12	Ш			d exclusively for the benefit of, ations described in section 50					
				escribes the type of supporting					
	а			perated, supervised, or control					
				ower to regularly appoint or ele				, gg	
				complete Part IV, Sections A		•			
	b	Type II.	A supporting organization s	supervised or controlled in con	nection v	vith its su	pported organization(s), by ha	aving	
				orting organization vested in th	e same	persons t	hat control or manage the suլ	pported	
		_	• •	te Part IV, Sections A and C.					
	С	its suppo	functionally integrated. A orted organization(s) (see ir	supporting organization opera estructions). <b>You must compl</b> e	ated in co ete Part	nnection IV, Section	with, and functionally integra ons A, D, and E.	ted with,	
	d			ed. A supporting organization of					
				ne organization generally must				tiveness	
			,	must complete Part IV, Sect					
	е			eceived a written determination on-functionally integrated supp				II	
	f		mber of supported organiza		orthing of	gariizatio	11.		
	g			the supported organization(s).					
		ne of supported	(ii) EIN			organization	(v) Amount of monetary	(vi) Amount of	
(-		ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)	(B)								
(C)									
<u></u>									
(D)									
(E)									
Tota									
100	41						İ		

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Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,674,282 3,062,162 2,754,275 2,632,127 2,581,445 13,704,291 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... 2,674,282 2,754,275 2,581,445 13,704,291 3,062,162 2,632,127 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) Public support. Subtract line 5 from line 4 13,704,291 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2021 (a) 2019 **(b)** 2020 (d) 2022 (e) 2023 (f) Total Amounts from line 4 2,674,282 2,754,275 2,632,127 2,581,445 13,704,291 3,062,162 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from 97,617 124,771 105,125 6,437 458,541 124,591 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets 16,112 13,130 107,871 13,931 68,723 (Explain in Part VI.) ..... 219,767 11 **Total support.** Add lines 7 through 10 14,382,599 Gross receipts from related activities, etc. (see instructions) 12 12 423,119 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 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 14 95.28% Public support percentage from 2022 Schedule A, Part II, line 14 15 93.99% 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 X 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 qualifies as a publicly supported 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

RESILIENCE: ADVOCATES FOR ENDING

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Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support	quanty sirrare.		, р.сс.	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			1			
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				T	I I	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o organization, check this box and stop he	•		•		501(c)(3)	
Sec	ction C. Computation of Public S						
15	Public support percentage for 2023 (line			olumn (f))		15	%
16	Public support percentage from 2022 Sch						%
	tion D. Computation of Investm						
17	Investment income percentage for 2023 (			e 13, column (f))		17	%
<b>18</b> Ir	nvestment income percentage from <b>2022</b> S		III II: 47			40	%
	33 1/3% support tests — 2023. If the or						
	17 is not more than 33 1/3%, check this b	=					L
b	33 1/3% support tests — 2022. If the org	-	_			-	
	line 18 is not more than 33 1/3%, check to	his box and <b>stop</b>	here. The organ	ization qualifies a	s a publicly suppo	orted organization	L
20	Private foundation. If the organization d	id not check a bo	ox on line 14 19a	or 19h, check th	is hox and see in	structions	

Schedule A (Form 990) 2023

RESILIENCE: ADVOCATES FOR ENDING

### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

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.

- 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.
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b nedule A		

Schedule A (Form 990) 2023

Page 5

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 03	.40
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Jecl	ion b. An Type in oupporting organizations	1	Yes	No.
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	No
1				
	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 <b>Part VI</b>			
_	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	_~		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
h		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

\*\*-\*\*\*1204 RESILIENCE: ADVOCATES FOR ENDING

Schedu	ule A (Form 990) 2023 <b>RESILIENCE: ADVOCATES FOR</b>			.204 Page 6				
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 ( <i>explain in <b>Part</b></i>	VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A throu	ıgh E.				
Section A – Adjusted Net Income (A) Prior Year								
			(71) 1 101 1 041	(optional)				
1_	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3_	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	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 <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6_	Multiply line 5 by 0.035.	6						
	Recoveries of prior-year distributions	7						
8_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C – Distributable Amount			Current Year				
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrat	ed Ty	pe III supporting organiza	tion				

Schedule A (Form 990) 2023

(see instructions).

Page 7

	ile A (Form 990) 2023 <b>RESILIENCE: ADVOC</b>				<b>204</b> Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continu	ed)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purpo				
	organizations, in excess of income from activity	••		2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive		8	
	(provide details in <b>Part VI</b> ). See instructions.	'			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	_	(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in <b>Part VI</b> ). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	<b>Total</b> 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)				
j	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				
	Applied to 2023 distributable amount				
	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 <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h	2000037700037700037700037700037700037700			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (										ENDIN					Page 8
Part VI										d by Part					
										9a, 9b, 9d					
															1c, 2a, 2b
														Part V,	Section E
	lin	es 2, 5, a	and 6. /	Also co	omple	te this pa	art for a	iny additi	onal into	ormation.	(See ir	nstruction	1S.)		
PART	II,	LINE	10	- OTI	HER	INCOM	E DE	TAIL							
									_						
OTHER	NI S	COME						\$	2	19,767	' 				
									)						

DAA Schedule A (Form 990) 2023

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

	Section 501(c)(4), (5), or (6) organizations: Complete Part									
Nam	e of organization RESILIENCE: ADVOCAT	ES FOR ENDING			tification number					
	VIOLENCE			**-***12						
Pa	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	Provide a description of the organization's direct and ind	irect political campaign activi	ties in Part IV. Se	e instructions for						
	definition of "political campaign activities."									
2	Political campaign activity expenditures. See instructions	S		\$						
Pa	rt I-B Complete if the organization is exe									
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955								
2	Enter the amount of any excise tax incurred by organiza		4955	\$						
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No					
	Was a correction made?				Yes No					
	If "Yes," describe in Part IV.		47.	(1 = 0.47 )(0)						
	rt I-C Complete if the organization is exe		<del></del>	ection 501(c)(3).						
1	Enter the amount directly expended by the filing organization									
	activities			\$						
2	Enter the amount of the filing organization's funds contril									
_	527 exempt function activities			\$						
3	Total exempt function expenditures. Add lines 1 and 2. E		•							
	line 17b	_								
4	Did the filing organization file Form 1120-POL for this ye									
5	Enter the names, addresses, and employer identification	, ,			•					
	organization made payments. For each organization liste	-								
	the amount of political contributions received that were p			_						
	as a separate segregated fund or a political action comm	· · · · ·	l .							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds. If none, enter -0	promptly and directly					
					delivered to a separate political organization.					
					If none, enter -0					
(1)										
(')										
(2)										
(-,										
(3)										
(-,										
(4)										
_										
(5)										
(6)										
			I	1						

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 RESIL	IENCE: ADVOCATES FOR ENDIN	JG **-***120	<b>4</b> Page <b>2</b>
,	ation is exempt under section 501(c)(3		
	oelongs to an affiliated group (and list in Part I		nember's name,
•	, and share of excess lobbying expenditures).		
<b>B</b> Check if the filing organization of	checked box A and "limited control" provisions	apply.	
Limits on Lobb (The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence pu	ıblic opinion (grassroots lobbying)	1,091	
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a a	and 1b)	1,091	
d Other exempt purpose expenditures		3,026,981	
e Total exempt purpose expenditures (add lin	nes 1c and 1d)	3,028,072	
f Lobbying nontaxable amount. Enter the am	nount from the following table in both		
columns.		301,404	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25%	of line 1f)	75,351	
h Subtract line 1g from line 1a. If zero or less	s, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less,	, enter -0-	0	
j If there is an amount other than zero on eit	her line 1h or line 1i, did the organization file Form	4720	
reporting section 4911 tax for this year?			Yes No
	434 4 1 5 1 111 1 6 41 504	41.5	

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

L	obbying Expenditu	res During 4-Year	Averaging Period	l	
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount		316,918	302,949	301,404	921,271
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,381,907
c Total lobbying expenditures		1,282	2,492	1,091	4,865
d Grassroots nontaxable amount		79,230	75,737	75,351	230,318
e Grassroots ceiling amount (150% of line 2d, column (e))					345,477
f Grassroots lobbying expenditures		1,282	2,492	1,091	4,865

Schedule C (Form 990) 2023

RESILIENCE: ADVOCATES FOR ENDING

Schedule C (Form 990) 2023 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? **c** Media advertisements? **d** Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? **f** Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions ...... Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING STARTED TRACKING LOBBYING ACTIVITIES IN 2021

Schedule C (Form 990) 2023 DAA

Schedule C (Fo	rm 990) 2023	KE	2TTTFN(	LE: ADV	OCATES	FOR E	INDTING	~~-~~	L2U4	Page 4
Part IV	Suppler	nental Info	rmation (d	continued)						
	•		•	,						
						X				

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

	ESILIENCE: ADVOCATES FOR ENDING IOLENCE		**-**1204
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds (	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6	J. 7.00041113
	Complete ii alle eligarii. Lateri allettered ii ee eli	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
_	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
_			Yes No
Pa	rt II Conservation Easements	Form 000 Port IV line 7	
	Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or educ		
	Protection of natural habitat	Preservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not	
	on a historic structure listed in the National Register	.)	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the orga	nization during the
	tax year		
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above satisfy the		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem		
	sheet, and include, if applicable, the text of the footnote to the organization	ation's financial statements that descri	ibes the
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of Art,		er Similar Assets
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	eport in its revenue statement and ba	llance sheet works
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) A t- in-clouded in Ferma 000 Dept V		Φ.
2	If the organization received or held works of art, historical treasures, or		, provide the
	following amounts required to be reported under FASB ASC 958 relationships and the second sec		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		\$

Schedule D (Form 990) 2023 RESILIENCE: ADVOCATES FOR ENDING Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV **Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount **c** Beginning balance 1c 1d d Additions during the year e Distributions during the year 1e 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 2,072,528 1,943,825 3,428,403 2,102,817 1,705,241 **b** Contributions 14,186 12,000 10,000 10,000 266,615 c Net investment earnings, gains, and 234,151 491,593 -388,530 403,467 138,550 **d** Grants or scholarships ..... e Other expenditures for facilities and programs 103,185 107,814 95,806 77,710 f Administrative expenses ..... 10,242 10,171 6,852 9,634 7,589 2,072,528 2,468,270 1,943,825 2,428,403 g End of year balance 2,102,817 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: **a** Board designated or quasi-endowment **b** Permanent endowment 92.00 % c Term endowment 8.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? X 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation (other) 524,910 524,910 1a Land 2,773,313 1,628,063 1,145,250 **b** Buildings c Leasehold improvements

45,237

1,715,397

239,235

284,472

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

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Sahadula D (I	Form 990) 2023 RESILIENCE: ADVOCATES	F FOR ENDING	**-***1204	Page <b>3</b>
Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" o			
	<ul> <li>(a) Description of security or category</li> <li>(including name of security)</li> </ul>	(b) Book value	(c) Method of v Cost or end-of-year	
1) Financial	derivatives			
	eld equity interests			
(A) OH				
(A)				
(G) (H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
	Investments – Program Related			
	Complete if the organization answered "Yes" of	n Form 990. Part IV	. line 11c. See Form 99	0. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)		_		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
I UITIA	Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11d See Form 99	n Part X line 15
	(a) Description		1	(b) Book value
(1)	ENDOWMENT INVESTMENTS			2,290,429
(2)	BENEFICIAL INTEREST IN	ASSETS HELD		236,999
(3)	FINANCING LEASE RIGHT	OF USE ASSET	S	20,580
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				2 540 000
Part X	nn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities			2,548,008
raitA	Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV	, line 11e or 11f. See Fo	orm 990, Part X,
1	(a) Description of liability			(b) Book value
(1) Federal	income taxes			(b) Book value
(2)				
(3)				
(4)				

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

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 RESILIENCE: ADVOCATES FOR ENDING Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 3,291,381 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 41,510 2d e Add lines 2a through 2d <u>513,749</u> 2,777,632 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 8,308 **b** Other (Describe in Part XIII.) 4b 8,308 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 785,940 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. Total expenses and losses per audited financial statements 3,061,274 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 41,510 e Add lines 2a through 2d 2e 3,019,764 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 8,308 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 8,308 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3,028,072 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER DIRECT FUNDRAISING 41,510 PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER DIRECT FUNDRAISING \$.....**\$** 

Schedule D	(Form 990) 202	3 RESILI	IENCE:	ADVOCATI	ES FOR	ENDING	**-**1204	Page <b>5</b>
Part XIII	Supplem	ental Inform	nation (col	ADVOCATI ntinued)				
	•		,	,				
						)		
• • • • • • • • • • • • • • • • • • • •								

### **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. RESILIENCE: ADVOCATES FOR ENDING

Employer identification number

	VIOLENCE					**-***12	04
Pa	Fundraising Activities. Complete Form 990-EZ filers are not required				wered "Yes" on Fo	rm 990, Part IV,	line 17.
1	Indicate whether the organization raised funds throug	h any of the follo	wing a	activiti	ies. Check all that apply	<b>/</b> .	
а	Mail solicitations	e 🗌 Solicitation	n of n	on-go	vernment grants		
b	Internet and email solicitations	f Solicitation	n of g	overn	ment grants		
С	Phone solicitations	g 🗌 Special fu	ndrais	sing e	vents		
d	In-person solicitations						
2a	Did the organization have a written or oral agreement	with any individu	ıal (ind	cludin	g officers, directors, tru	stees,	
b	or key employees listed in Form 990, Part VII) or entit If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	-			_		Yes No e
	· · · · · · · · · · · · · · · · · · ·			id fund- r have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	ody or trol of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
2							
				X			
3							
4			)				
5							
6							
7							
8							
9							
10							
Tota	ıl						
3	List all states in which the organization is registered o registration or licensing.			ntribut	ions or has been notifie	ed it is exempt from	

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

		gross receipts	greater than \$5,00	<i>i</i> U.			
			(a) Event #1		<b>(b)</b> Event #2	(c) Other events	(d) Total avents
			DENIM AND	DESSE	BLUE STAR BASH	1	(d) Total events (add col. (a) through
en			(event type)	_	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	7	5,475	52,105	5,910	133,490
	2	Less: Contributions					
	3	Gross income (line 1 minus	7	5,475	52,105	5,910	133,490
		line 2)		J, <del>1</del> /J	32,103	3,910	133,490
	4	Cash prizes					
	5	Noncash prizes					
sesu	6	Rent/facility costs		4,522	6,606		11,128
Direct Expenses	7	Food and beverages		8,435	8,319	1,262	18,016
Direc	8	Entertainment		2,950	1,636	1,550	6,136
	9	Other direct expenses		4,043	1,447	740	6,230
	10	Direct expense summary	41,510				
	11	Net income summary. So	ubtract line 10 from line	e 3, columr	n (d)		91,980
P	art		plete if the organiz orm 990-EZ, line 6		nswered "Yes" on Form 99	0, Part IV, line 19, or r	eported more than
e e		ψ10,000 0111	(a) Bingo	G.:	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,3 -		bingo/progressive bingo	(-, gg	col. (a) through col. (c))
ă.	1	Gross revenue					_
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Jirect I	4	Rent/facility costs					
	5	Other direct expenses					
		Carror amout experience	Yes	%	Yes %	Yes %	
	6	Volunteer labor	No		No	No	
	7	Direct expense summary	/. Add lines 2 through 5	5 in columr	n (d)		
	8	Net gaming income sum	mary. Subtract line 7 fr	om line 1,	column (d)		
9	Ent	ter the state(s) in which th	e organization conduc	ts gaming	activities:		
		the organization licensed	_				Yes No
b	lf "I	No," explain:					
		ere any of the organizatior Yes," explain:	n's gaming licenses rev	oked, susp	pended, or terminated during the	tax year?	Yes No

sche	edule G (Form 990) 2023 RESILIENCE: ADVOCATES FOR ENDING **-***1204			H	age.	3
1	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_			
	formed to administer charitable gaming?			Yes	$\Box$	No
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a			%	, D
b	An outside facility	13b			%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and					
	records:					
	Name					
	Address					
I5a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			Yes	Ш	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the					
С	amount of gaming revenue retained by the third party \$  If "Yes," enter name and address of the third party:					
C	ii Tes, enter hame and address of the tillid party.					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			Yes	$\Box$ i	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		ш		ш	
	spent in the organization's own exempt activities during the tax year \$					
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) a	nd (	/); a	nd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional					
	See instructions.					_

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2023

Attach to Form 990.

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

RESILIENCE: ADVOCATES FOR ENDING

Open to Public Inspection

Employer identification number

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X Yes \*\*-\*\*1204 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization VIOLENCE or government Part II Part Ξ 3 ල 4 9 9

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

6

<u>6</u>

Enter total number of other organizations listed in the line 1 table

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Page 2

Schedule I (Form 990) 2023 RESILIENCE:	ADVOCATES FOR	R ENDING **	*-**1204		Page 2
<b>Part III</b> Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	to Domestic Individitional space is need	<b>tuals.</b> Complete if thed. ed.	he organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CLIENT ASSISTANCE	58	80,334			
2 SUPPORTIVE HOUSING	115	318,813			
3					
4					
5					
9					
7			7		
Part IV Supplemental Information. Provide the information required in Part	ovide the information		line 2; Part III, colun	2; Part III, column (b); and any other addi	additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SE FOR MONITO	RING THE USE	OF GRANT FU	NDS	
THE GRANT CONTRACT AND FEDERAL GUIDELINES ARE USED TO DIRECT ALL	DERAL GUIDELI	NES ARE USED	TO DIRECT A	11	
MONITORING. THE FORMAT PROVIDED BY THE DEPT. OF HUMAN SERVICES IS FOLLOWED.	OVIDED BY THE	DEPT. OF HU	MAN SERVICES	IS FOLLOWED.	

Schedule I (Form 990) 2023

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

OMB No. 1545-0047

	VIOLENCE					**-***1204			
Pa	art I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	( <b>c</b> )  Noncash contribution  amounts reported on  Form 990, Part VIII, line 1g	n	(d)  Method of determining  oncash contribution amounts	;		
1	Art — Works of art			-					
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods	X		59,695	FAIR MA	RKET VALUE			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded								
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,			4					
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic								
	structures								
14	Qualified conservation								
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21 22	Taxidermy								
23	Historical artifacts								
23 24	Scientific specimens Archeological artifacts								
25	Other ( )								
26	Other ( )								
27	Other ( )								
28	Other (								
29	Number of Forms 8283 received by	the orga	nization during the tax	ear for contributions for					
	which the organization completed I	•			29				
	ů .		,	•	•		Y	'es	No
30a	During the year, did the organization	n receive	by contribution any pro	perty reported in Part I, lir	nes 1 through				
	28, that it must hold for at least 3 ye	ears from	the date of the initial co	ntribution, and which isn't	required to be				
	used for exempt purposes for the e	ntire hold	ing period?			3	0a		X
b	If "Yes," describe the arrangement								
31	Does the organization have a gift a	cceptance	e policy that requires th	e review of any nonstanda	ard				
	contributions?					;	31	X	
32a	Does the organization hire or use t							$\Box$	
	contributions?					3	2a		<u> </u>
b	If "Yes," describe in Part II.								
33	If the organization didn't report an a	amount in	column (c) for a type of	property for which colum	n (a) is checked	,			
	describe in Part II.		tions for Form 000			2.555 2.555 2.555			
F F			4! f F 000			Cabadula M	·	000	2022

Schedule M (Fo	orm 990) 2023 RESILIENC	E: ADVOCATES	FOR ENDING	**-***1204	Page <b>2</b>
Part II	Supplemental Informat the organization is repor	tion. Provide the infi ting in Part I, colum	ormation required b in (b), the number o	y Part I, lines 30b, 32b, a f contributions, the number onal information.	nd 33, and whether
	or a combination of both	. 7 130 complete till	s part for any addition	mai momaton.	
• • • • • • • • • • • • • • • • • • • •					
				<b>&gt;</b>	

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization RESILIENCE: ADVOCATES FOR ENDING VIOLENCE

Employer identification number \*\*-\*\*1204

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY AGENCY STAFF, THEN PROVIDED TO THE BOARD OF
DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE ASKED TO DISCLOSE CONFLICTS OF
INTEREST UPON JOINING THE ORGANIZATION AND THEN NO LESS THAN ONCE A YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE CURRENT SALARY AND

USE COMPARATIVE DATA FROM SALARY SURVEY PRODUCED BY THE MICHIGAN NONPROFIT

ASSOCIATION. THE EXECUTIVE COMMITTEE ALSO INFORMALLY COLLECTS SALARY DATA

FROM NON-PROFIT ORGANIZATIONS IN WEST MICHIGAN TO DETERMINE COMPARABILITY.

BOARD MEMBERS MAY PROPOSE CHANGES IN EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SUCH SUGGESTIONS ARE PRESENTED TO THE FULL EXECUTIVE COMMITTEE FOR FINAL
DISCUSSION AND DECISION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION ISSUES AN ANNUAL REPORT WHICH INCLUDES AUDITED FINANCIAL
STATEMENTS. THE REPORT IS WIDELY CIRCULATED TO THE PUBLIC AND IS POSTED ON
THE ORGANIZATION'S WEBSITE. THE WEBSITE ALSO STATES THAT OTHER INFORMATION
AND GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023

Name of the organization  RESILIENCE: ADVOCATES FOR ENDING	Employer identification number  **-**1204
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET	S EXPLANATION
DIRECT FUNDRAISING	\$ 41,510
DIRECT FUNDRAISING	\$ -41,510
	PAGE 1 OF 1
	LUGE T OL T

	CHEDULE G	F	undraising Other Ev	ents		2022
٠,	Form 990 or 990-EZ)	For calendar year 2023, or tax ye	ear beginning 10/01/2	23 , and ending 09	/30/24	2023
Nar					Employer lo	dentification Number
	RESILIENCE:	ADVOCATES FOR EN	DING		**-**	1204
		(a) Other event	(b) Other event	(c) Other event		
		OTHER EVENTS				(d) Total other events (add col. (a) through
e		(event type)	(event type)	(event type)		col. <b>(c)</b> )
Revenue	1 Gross receipts	5,910				5,910
_	2 Less: Charitable contributions					
	3 Gross income (line 1 minus line 2)	5,910				5,910
	4 Cash prizes					
	5 Noncash prizes					
sesu	6 Rent/facility costs					
Direct Expenses	7 Food/beverages	1,262				1,262
Direct	8 Entertainment	1,550				1,550
	9 Other expenses	740				740

740

Form **990** 

**33.** Number of volunteers

**Two Year Comparison Report** 

For calendar year 2023, or tax year beginning 10/01/23, ending 09/30/24

2022 & 2023

Name Taxpayer Identification Number RESILIENCE: ADVOCATES FOR ENDING \*\*-\*\*\*1204 VIOLENCE 2022 2023 **Differences** 1. Contributions, gifts, grants 175,832 1,021,641 1,197,473 1. 2. Membership dues and assessments 2. 3. Government contributions and grants 1,610,486 -226,514 3. 1,383,972 875 4. Program service revenue ..... 4,325 -3,450 4. 5. Investment income 5. 105,125 6,437 -98,688 **6.** Proceeds from tax exempt bonds 6. 69,697 22,376 92,073 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 102,064 91,980 -10,084 8. 9. **9.** Net income or (loss) from gaming ..... **10.** Net gain or (loss) on sales of inventory 10. 16,112 13,130 -2,982 **11.** Other revenue 11. 2,785,940 -143,510 12. 2,929,450 **12. Total revenue.** Add lines 1 through 11 403,335 399,147 -4,188 **13.** Grants and similar amounts paid 13. **14.** Benefits paid to or for members 14. 121,299 121,009 -290 15. Compensation of officers, directors, trustees, etc. 15. 1,787,530 1,683,720 -103,810 **16.** Salaries, other compensation, and employee benefits 16. 17. 17. Professional fundraising fees 18. Other professional fees 152,243 64,833 <u>217,076</u> 18. 19. Occupancy, rent, utilities, and maintenance 124,962 111,313 -13,649 19. 132,657 20. Depreciation and Depletion 20. 121,384 -11,273 336,945 374,423 37,478 21. **21.** Other expenses 3,058,971 3,028,072 -30,899 22. 22. Total expenses. Add lines 13 through 21 23. -129,521 -242,132 -112,611 23. Excess or (Deficit). Subtract line 22 from line 12 2,929,450 2,785,940 -143,510 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 26. Total excludable revenue 195,259 112,515 -82,744 26. 4,872,842 5,131,280 258,438 27. 27. Total assets 162,884 <u>192,313</u> 29,429 **28.** Total liabilities 28. **29.** Retained earnings **4,**709,958 4,938,967 229,009 29. **30.** Number of voting members of governing body 30. 11 10 **31.** Number of independent voting members of governing body 11 10 31. 32. Number of employees 51 51 32.

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Form <b>990</b>		Tax R	Tax Return History			2023
Name RE	RESILIENCE: ADVOCATES VIOLENCE	FOR ENDING			Employer **-*	Employer Identification Number
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	nts			2,632,127	2,581,445	
Membership dues						
Program service revenue	ıe			4,325	875	
Capital gain or loss				,	92,073	
Investment income				105,125	6,437	
Fundraising revenue (income/loss)	icome/loss)			-	91,980	
Gaming revenue (income/loss)	ne/loss)					
Other revenue				16,112	13,130	
Total revenue				2,929,450	2,785,940	
Grants and similar amounts paid	unts paid			403,335	399,147	
Benefits paid to or for members	nembers					
Compensation of officers, etc.	rs, etc.			121,299	121,009	
Other compensation				1,787,530	1,683,720	
Professional fees				•	217,076	
Occupancy costs				124,962	111,313	
Depreciation and depletion	tion			132,657	121,384	
Other expenses				336,945	374,423	
Total expenses				3,058,971	3,028,072	
Excess or (Deficit)				-129,521	-242,132	
Total exempt revenue				2,929,450	2,785,940	
Total unrelated revenue	9					
Total excludable revenue	Je			195,259	112,515	
Total Assets				•	5,131,280	
Total Liabilities				162,		
Net Fund Balances				4,709,958	4,938,967	

FYE: 9/30/2024

**Taxable Dividends from Securities** 

	Descr	ription					
			Amount	Unrelated Business		Acquired after 6/30/75	US Obs (\$ or %)
OTHER	INTEREST	INCOME					

1,893 INVESTMENT INTEREST/DIVIDENDS 4,544

6,437 TOTAL



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63391000 Resilience: Advocates for Ending \*\*-\*\*\*1204

FYE: 9/30/2024

## Federal Statements

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

Description	-	Total Expenses		Program Service	Mar	√lanagement & General	-	Fund Raising
CONTRACTED SERVICES	₩	174,205	₩.	106,223	᠊ᠬ	64,315	₩	3,667
TOTAL	₩	174,205	₩	106,223	᠕	64,315	₩	3,667

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

Description	Ш	Total xpenses	<u> </u>	Program Service	Man (	anagement & General		Fund Raising
OTHER	₩.	15,833	₩	5,892	₩	8,946	₩.	995
FUNDRAISING		10,302		7				10,302
DUES AND SUBSCRIPTIONS		5,178		2,134		2,614		430
BANK CHARGES		1,628				1,628		
ROUNDING		-70		- 70				
TOTAL	₩	32,871	₩.	7,956	৵	13,188	₩.	11,727
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# 63391000 Resilience: Advocates for Ending \*\*-\*\*\*1204

## Federal Statements

### FYE: 9/30/2024

### Schedule A, Part II, Line 1(e)

Description	FEDERATED CAMPAIGNS GOVERNMENT GRANTS OR CONTRIBUTIONS OTHER GRANTS CONTRIBUTIONS	TOTAL
	FEDERATED CAM GOVERNMENT GR OTHER GRANTS CONTRIBUTIONS	TOTA

42,172 1,383,972 451,117

Amount

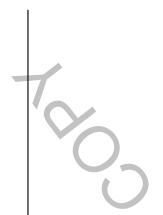
2,581,445 704,184

## Schedule A, Part II, Line 12 - Current year

Description

OTHER INTEREST INCOME INVESTMENT INTEREST/DIVIDENDS OTHER BLUE STAR BASH DENIM AND DESSERTS
OTHER EVENTS GH BUILDING

TOTAL



Amount 1,890	Amount	1,893	~ L ~
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$\sigma$	, 54	3,13	,10	5,47	,91	875	153,932
₹ <b>/</b> }-							<sub>₹</sub> ∩-

FYE: 9/30/2024

**Blue Star Bash** 

### **Other Direct Fundraising or Gaming Expenses**

Description	 Amount	
AUCTION	\$ 50	
DECORATIONS	104	
MISC	 1,293	
TOTAL	\$ 1,447	



FYE: 9/30/2024

### **Denim and Desserts**

### **Other Direct Fundraising or Gaming Expenses**

Description	 Amount	
PUBLICITY	\$ 1,409	
MISC	2,574	
DECOR	 60	
TOTAL	\$ 4,043	



FYE: 9/30/2024

### Other events

### **Other Direct Fundraising or Gaming Expenses**

Description	A	Amount	
PUBLICITY MISC	\$	497 243	
TOTAL	\$	740	

