

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024 Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable: C Name of organization CITRUS COUNTY ABUSE SHELTER ASSOCIA D Employer identification number 59-2335910 E Telephone number 352-344-8111 G Gross receipts \$ 1,729,022

I Tax-exempt status: X 501(c)(3) J Website: WWW.CASAFL.ORG L Year of formation: 1983 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: RAPE CRISIS AND ABUSE SHELTER, 3 Number of voting members of the governing body, 8 Contributions and grants, 13 Grants and similar amounts paid, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer JANICE ADAM, PRESIDENT. Paid Preparer: ROBERT C. WARDLOW, III, WARDLOW & CASH, P.A., 450 PLEASANT GROVE RD, INVERNESS, FL 34452-5746.

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**RAPE CRISIS AND ABUSE SHELTER**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,178,645** including grants of \$ ) (Revenue \$ )  
**DOMESTIC VIOLENCE/SPOUSE ABUSE SHELTER PROVIDING A 24 HOUR HOTLINE, COUNSELING, AND OTHER FORMS OF SUPPORT FOR VICTIMS OF ABUSE**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,178,645**

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V compliance check.

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>27</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>			<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

ALEXUS MEDINA
INVERNESS

PO BOX 205

FL 34451

352-344-8111

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE ADAM ..... PRESIDENT	0.00 0.00	X		X				0	0	0
(2) KEN CORAL ..... BOARD MEMBER	0.00 0.00	X						0	0	0
(3) JUSTIN FERRARA ..... BOARD MEMBER	0.00 0.00	X						0	0	0
(4) PATRICIA GHIRA ..... BOARD MEMBER	0.00 0.00	X						0	0	0
(5) ALEXUS MEDINA ..... TREASURER	0.00 0.00	X		X				0	0	0
(6) CHRISSY MESSER ..... BOARD MEMBER	0.00 0.00	X						0	0	0
(7) ALEXANDER ROSADO ..... SECRETARY	0.00 0.00	X		X				0	0	0
(8) ERIN SLEEZER ..... VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(9) .....										
(10) .....										
(11) .....										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	922,363			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	682,859			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>1,605,222</b>			
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		70,716	70,716		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a				
	b Less: rental expenses	6b	17,409			
	c Rental inc. or (loss)	6c	-17,409			
	d Net rental income or (loss)		-17,409		-17,409	
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	53,084			
	b Less: direct expenses	8b	9,579			
	c Net income or (loss) from fundraising events		43,505			
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>			<b>1,702,034</b>	<b>70,716</b>	<b>-17,409</b>	<b>0</b>

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>739,677</b>	<b>714,089</b>	<b>25,588</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>49,551</b>	<b>47,837</b>	<b>1,714</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	<b>56,642</b>		<b>56,642</b>	
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>33,364</b>	<b>4,294</b>	<b>29,070</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	<b>1,672</b>	<b>1,672</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>39,816</b>	<b>38,405</b>	<b>1,411</b>	
<b>23</b> Insurance	<b>38,717</b>	<b>24,614</b>	<b>14,103</b>	
<b>24</b> 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.)				
<b>a</b> PARTICIPANT PROGRAM EXPEN	<b>199,319</b>	<b>199,319</b>		
<b>b</b> REPAIRS AND MAINT	<b>70,506</b>	<b>46,265</b>	<b>24,241</b>	
<b>c</b> IN-KIND EXPENSES	<b>57,219</b>	<b>57,219</b>		
<b>d</b> UTILITIES	<b>36,525</b>	<b>35,064</b>	<b>1,461</b>	
<b>e</b> All other expenses	<b>29,040</b>	<b>9,867</b>	<b>19,173</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,352,048</b>	<b>1,178,645</b>	<b>173,403</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	417,128	1	357,639
	2	Savings and temporary cash investments	1,573,672	2	1,860,978
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	179,502	4	295,944
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,936,584		
	10b	Less: accumulated depreciation	910,886	10c	1,025,698
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,261	15	10,261
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,186,524	16	3,550,520	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	8,186	17	19,151
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,352	25	40,688
	26	<b>Total liabilities.</b> Add lines 17 through 25	45,538	26	59,839
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds	3,140,986	31	3,490,681	
32	<b>Total net assets or fund balances</b>	3,140,986	32	3,490,681	
33	<b>Total liabilities and net assets/fund balances</b>	3,186,524	33	3,550,520	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,702,034</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,352,048</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>349,986</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,140,986</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-618</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>327</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,490,681</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> 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?		
<b>b</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		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

CITRUS COUNTY ABUSE SHELTER ASSOCIA

Employer identification number

59-2335910

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,053,543	1,101,724	1,189,015	1,194,857	1,605,222	6,144,361
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,053,543	1,101,724	1,189,015	1,194,857	1,605,222	6,144,361
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						6,144,361

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,053,543	1,101,724	1,189,015	1,194,857	1,605,222	6,144,361
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	384	240				624
9 Net income from unrelated business activities, whether or not the business is regularly carried on			3,631			3,631
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						6,148,616
12 Gross receipts from related activities, etc. (see instructions)					12	191,973
13 <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.93 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.88 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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 integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		



SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

CITRUS COUNTY ABUSE SHELTER ASSOCIA

59-2335910

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 in 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ..... %
  - b** Permanent endowment ..... %
  - c** Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations? .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations? .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>152,269</b>		<b>152,269</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>152,269</b>

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED EXPENSES</b>	<b>40,688</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>40,688</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 G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CITRUS COUNTY ABUSE SHELTER ASSOCIA**

Employer identification number

**59-2335910**

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

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

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

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

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

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

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

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>53,084</b>			<b>53,084</b>
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>53,084</b>			<b>53,084</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	<b>9,579</b>			<b>9,579</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>9,579</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>43,505</b>	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: .....  Yes  No

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....

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

**b** If "Yes," explain: .....

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
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 .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....

c If "Yes," enter the name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CITRUS COUNTY ABUSE SHELTER ASSOCIA**

Employer identification number

**59-2335910**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THERE IS ONGOING EVALUATION TO ENSURE COMPLIANCE WITH THE POLICY**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
AVAILABLE UPON REQUEST**

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
27	INTALL OF MIC	6/06/13	2,738		X	1,369	5 HY 200DB	2,738	0
28	4 WFW96H WHI	6/06/13	5,474		X	2,737	5 HY 200DB	5,474	0
29	INSTALL 18X12	5/28/13	10,898		X	5,449	15 HY 150DB	9,678	349
30	INSTALL NEW	10/09/12	2,255		X	1,127	10 HY 200DB	2,255	0
34	ROOF	6/17/15	9,645			9,645	39 MMS/L	2,236	247
35	BEDS	4/12/16	4,249		X	2,124	5 HY 200DB	4,249	0
39	FURNITURE AN	8/10/21	18,416		X	0	7 HY 200DB	18,416	0
40	FURNITURE AN	8/20/21	2,943		X	0	7 HY 200DB	2,943	0
41	FURNITURE AN	8/27/21	11,139		X	0	7 HY 200DB	11,139	0
42	FURNITURE AN	9/16/21	6,380		X	0	7 HY 200DB	6,380	0
43	DOORS	9/21/22	6,290		X	0	7 HY 200DB	6,290	0
44	FLOORING	11/28/22	19,000		X	0	7 HY 200DB	19,000	0
45	FLOORING	2/01/23	19,023		X	3,804	7 HY 200DB	16,694	665
46	SHELTER AC	9/23/22	5,765		X	0	5 HY 200DB	5,765	0
47	WALL OVEN	2/22/23	1,438		X	288	7 HY 200DB	1,262	50
63	RENOVATION/A	6/30/91	40,857			40,857	31 MMS/L	40,857	0
70	REPLACE WIND	7/18/94	6,350			6,350	31 MMS/L	6,047	202
73	REROOF	7/17/95	4,125			4,125	39 MMS/L	3,493	105
			<u>176,985</u>			<u>77,875</u>		<u>164,916</u>	<u>1,618</u>
<b>Other Depreciation:</b>									
1	AC FOR SHELTER	6/09/05	2,791			2,791	7 MO S/L	2,791	0
2	WASHING MACHINE	2/04/05	600			600	5 MO S/L	600	0
3	LAND	11/03/05	152,269			152,269	0 -- Land	0	0
4	LASERFAX2820	6/15/07	200			200	5 MO S/L	200	0
5	SWINGSET	5/20/09	14,871			14,871	10 MO S/L	14,871	0
6	TELEPHONE	11/17/08	11,778			11,778	10 MO S/L	11,778	0
7	BUNK BEDS	10/17/08	8,450			8,450	10 MO S/L	8,450	0
8	ALARM SYSTEM	12/10/08	1,023			1,023	10 MO S/L	1,023	0
9	WINDOW BLINDS	8/20/08	3,475			3,475	10 MO S/L	3,475	0
10	FRIDGIDAIRE	9/03/08	483			483	7 MO S/L	483	0
11	GE SPACE MAK	9/03/08	343			343	7 MO S/L	343	0
12	2 FRIDGIDAIRE	9/03/08	1,542			1,542	7 MO S/L	1,542	0
13	2 FRIGIDAIRE	9/03/08	1,784			1,784	7 MO S/L	1,784	0
14	2 FRIGIDAIRE	9/03/08	402			402	7 MO S/L	402	0
15	2 FRIGIDAIRE	9/03/08	622			622	7 MO S/L	622	0
16	2 SO GE 3/4	9/03/08	342			342	7 MO S/L	342	0
17	CASA BUILDING	12/06/08	1,333,944			1,333,944	39 MO S/L	533,008	34,203
18	WALL MOUNT	3/16/10	1,157			1,157	5 MO S/L	1,157	0
19	DONOR BOARD	11/02/09	2,787			2,787	15 MO S/L	2,725	62
20	10X14 VINYL	10/19/09	6,799			6,799	15 MO S/L	6,648	151
21	GENERATOR	6/28/10	43,630			43,630	39 MO S/L	15,662	1,119
22	GE REFRIDGERATOR	6/13/11	1,488			1,488	5 MO S/L	1,488	0
23	3.5 TON TRANE	6/23/11	4,700			4,700	5 MO S/L	4,700	0
24	8 HIGH RESOLUTION	4/20/11	8,978			8,978	5 MO S/L	8,978	0
25	2011 GRAND CARAVAN	10/07/11	22,099			22,099	5 MO S/L	22,099	0
26	ICI EL-790IR-W	2/12/12	5,965			5,965	5 MO S/L	5,965	0
31	4 DRYERS WPL	5/27/14	5,396			5,396	7 MO S/L	5,396	0
32	12 ASHLEY DRES	6/11/14	5,988			5,988	10 MO S/L	5,988	0
33	12 ASHLEY NIGH	6/11/14	4,188			4,188	10 MO S/L	4,188	0
36	GARAGE DOOR	9/01/17	16,800			16,800	10 MO S/L	11,480	1,680
37	FLOORING	6/21/18	8,084			8,084	10 MO S/L	4,850	809
38	FENCE	6/21/18	9,881			9,881	10 MO S/L	5,929	988
48	OFFICE FURNITURE	1/01/89	1,100			1,100	7 MO S/L	1,100	0
49	SECURITY LIGH	12/29/91	300			300	7 MO S/L	300	0
50	EXECUTIVE DESK	6/22/95	346			346	7 MO S/L	346	0
51	WALL UNIT	6/22/95	346			346	7 MO S/L	346	0
52	WORKSTATION	6/22/95	489			489	7 MO S/L	489	0
53	84" MAHOGANY	3/11/98	237			237	7 MO S/L	237	0
54	CHERRY EXECU	4/16/98	375			375	7 MO S/L	375	0
55	CHERRY LATE	4/16/98	187			187	7 MO S/L	187	0
56	STACKING CHA	3/11/99	196			196	10 MO S/L	196	0
57	ACTIVITY TABLE	4/01/99	134			134	7 MO S/L	134	0
58	SHELTER REMO	3/18/98	423			423	5 MO S/L	423	0
59	TILE FLOORING	6/04/98	590			590	20 MO S/L	590	0
62	7 DOORS & LA	6/30/90	1,747			1,747	10 MO S/L	1,747	0
64	REMODELING A	1/27/92	1,501			1,501	10 MO S/L	1,501	0
65	DRYWALL GAR	8/03/92	350			350	10 MO S/L	350	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
66	CARPET IN OFF	9/30/93	291			291	10 MO S/L	291	0
67	FAN IN PLAYRO	4/20/93	138			138	10 MO S/L	138	0
68	VINYL IN SHEL	6/15/94	856			856	10 MO S/L	856	0
69	DECK AT SHEL	3/18/94	500			500	10 MO S/L	500	0
71	DRAPES/BLIND	3/30/94	343			343	10 MO S/L	343	0
72	CARPET	2/22/95	1,758			1,758	10 MO S/L	1,758	0
74	PLAYGROUND	3/01/00	3,504			3,504	10 MO S/L	3,504	0
75	Fencing - Shelter	5/19/25	15,854			15,854	15 MO S/L	0	88
76	Lennox 5 Ton Heat Pump	2/20/25	9,780			9,780	15 MO S/L	0	217
77	30 Amp Sub Panel	3/31/25	2,875			2,875	15 MO S/L	0	48
78	Heat Pump - Outreach Building	5/23/25	8,240			8,240	15 MO S/L	0	46
79	Privacy Landscaping - Shelter	5/01/25	7,145			7,145	15 MO S/L	0	79
80	Garage Door - Shelter	5/06/25	16,810			16,810	15 MO S/L	0	187
<b>Total Other Depreciation</b>			<u>1,759,274</u>			<u>1,759,274</u>		<u>704,678</u>	<u>39,677</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,759,274</u>			<u>1,759,274</u>		<u>704,678</u>	<u>39,677</u>
<b>Grand Totals</b>			1,936,259			1,837,149		869,594	41,295
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,936,259</u>			<u>1,837,149</u>		<u>869,594</u>	<u>41,295</u>

# FL Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
<b>Prior MACRS:</b>								
27	INTALL OF MIC	6/06/13	2,738	1,369	2,738	0	0	0
28	4 WFW96H WHI	6/06/13	5,474	2,737	5,474	0	0	0
29	INSTALL 18X12	5/28/13	10,898	5,449	9,772	322	349	27
30	INSTALL NEW	10/09/12	2,255	1,127	2,255	0	0	0
34	ROOF	6/17/15	9,645	9,645	2,236	247	247	0
35	BEDS	4/12/16	4,249	2,124	4,249	0	0	0
39	FURNITURE AN	8/10/21	18,416	0	18,416	0	0	0
40	FURNITURE AN	8/20/21	2,943	0	2,943	0	0	0
41	FURNITURE AN	8/27/21	11,139	0	11,139	0	0	0
42	FURNITURE AN	9/16/21	6,380	0	6,380	0	0	0
43	DOORS	9/21/22	6,290	0	6,290	0	0	0
44	FLOORING	11/28/22	19,000	0	19,000	0	0	0
45	FLOORING	2/01/23	19,023	3,804	16,694	665	665	0
46	SHELTER AC	9/23/22	5,765	0	5,765	0	0	0
47	WALL OVEN	2/22/23	1,438	288	1,262	50	50	0
63	RENOVATION/A	6/30/91	40,857	40,857	40,857	0	0	0
70	REPLACE WIND	7/18/94	6,350	6,350	6,039	202	202	0
73	REROOF	7/17/95	4,125	4,125	3,063	106	105	-1
			<u>176,985</u>	<u>77,875</u>	<u>164,572</u>	<u>1,592</u>	<u>1,618</u>	<u>26</u>
<b>Other Depreciation:</b>								
1	AC FOR SHELTER	6/09/05	2,791	2,791	2,791	0	0	0
2	WASHING MACHINE	2/04/05	600	600	600	0	0	0
3	LAND	11/03/05	152,269	152,269	0	0	0	0
4	LASERFAX2820	6/15/07	200	200	200	0	0	0
5	SWINGSET	5/20/09	14,871	14,871	14,871	0	0	0
6	TELEPHONE	11/17/08	11,778	11,778	11,778	0	0	0
7	BUNK BEDS	10/17/08	8,450	8,450	8,450	0	0	0
8	ALARM SYSTEM	12/10/08	1,023	1,023	1,023	0	0	0
9	WINDOW BLINDS	8/20/08	3,475	3,475	3,475	0	0	0
10	FRIDGIDAIRE	9/03/08	483	483	483	0	0	0
11	GE SPACE MAK	9/03/08	343	343	343	0	0	0
12	2 FRIDGIDAIRE	9/03/08	1,542	1,542	1,542	0	0	0
13	2 FRIGIDAIRE	9/03/08	1,784	1,784	1,784	0	0	0
14	2 FRIGIDAIRE	9/03/08	402	402	402	0	0	0
15	2 FRIGIDAIRE	9/03/08	622	622	622	0	0	0
16	2 SO GE 3/4	9/03/08	342	342	342	0	0	0
17	CASA BUILDING	12/06/08	1,333,944	1,333,944	533,008	34,203	34,203	0
18	WALL MOUNT	3/16/10	1,157	1,157	1,157	0	0	0
19	DONOR BOARD	11/02/09	2,787	2,787	2,725	62	62	0
20	10X14 VINYL	10/19/09	6,799	6,799	6,648	151	151	0
21	GENERATOR	6/28/10	43,630	43,630	15,662	1,119	1,119	0
22	GE REFRIDGERATOR	6/13/11	1,488	1,488	1,488	0	0	0
23	3.5 TON TRANE	6/23/11	4,700	4,700	4,700	0	0	0
24	8 HIGH RESOLUTION	4/20/11	8,978	8,978	8,978	0	0	0
25	2011 GRAND CARAVAN	10/07/11	22,099	22,099	22,099	0	0	0
26	ICI EL-790IR-W	2/12/12	5,965	5,965	5,965	0	0	0
31	4 DRYERS WPL	5/27/14	5,396	5,396	5,396	0	0	0
32	12 ASHLEY DRES	6/11/14	5,988	5,988	5,988	0	0	0
33	12 ASHLEY NIGH	6/11/14	4,188	4,188	4,188	0	0	0
36	GARAGE DOOR	9/01/17	16,800	16,800	11,480	1,680	1,680	0
37	FLOORING	6/21/18	8,084	8,084	4,850	809	809	0
38	FENCE	6/21/18	9,881	9,881	5,929	988	988	0
48	OFFICE FURNITURE	1/01/89	1,100	1,100	1,100	0	0	0
49	SECURITY LIGH	12/29/91	300	300	300	0	0	0
50	EXECUTIVE DESK	6/22/95	346	346	346	0	0	0
51	WALL UNIT	6/22/95	346	346	346	0	0	0
52	WORKSTATION	6/22/95	489	489	489	0	0	0
53	84" MAHOGANY	3/11/98	237	237	237	0	0	0
54	CHERRY EXECU	4/16/98	375	375	375	0	0	0
55	CHERRY LATE	4/16/98	187	187	187	0	0	0
56	STACKING CHA	3/11/99	196	196	196	0	0	0
57	ACTIVITY TABLE	4/01/99	134	134	134	0	0	0
58	SHELTER REMO	3/18/98	423	423	423	0	0	0
59	TILE FLOORING	6/04/98	590	590	590	0	0	0
62	7 DOORS & LA	6/30/90	1,747	1,747	1,747	0	0	0
64	REMODELING A	1/27/92	1,501	1,501	1,501	0	0	0
65	DRYWALL GAR	8/03/92	350	350	350	0	0	0

# FL Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
66	CARPET IN OFF	9/30/93	291	291	291	0	0	0
67	FAN IN PLAYRO	4/20/93	138	138	138	0	0	0
68	VINYL IN SHEL	6/15/94	856	856	856	0	0	0
69	DECK AT SHEL	3/18/94	500	500	500	0	0	0
71	DRAPES/BLIND	3/30/94	343	343	343	0	0	0
72	CARPET	2/22/95	1,758	1,758	1,758	0	0	0
74	PLAYGROUND	3/01/00	3,504	3,504	3,504	0	0	0
75	Fencing - Shelter	5/19/25	15,854	15,854	0	88	88	0
76	Lennox 5 Ton Heat Pump	2/20/25	9,780	9,780	0	217	217	0
77	30 Amp Sub Panel	3/31/25	2,875	2,875	0	48	48	0
78	Heat Pump - Outreach Building	5/23/25	8,240	8,240	0	46	46	0
79	Privacy Landscaping - Shelter	5/01/25	7,145	7,145	0	79	79	0
80	Garage Door - Shelter	5/06/25	16,810	16,810	0	187	187	0
<b>Total Other Depreciation</b>			<u>1,759,274</u>	<u>1,759,274</u>	<u>704,678</u>	<u>39,677</u>	<u>39,677</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,759,274</u>	<u>1,759,274</u>	<u>704,678</u>	<u>39,677</u>	<u>39,677</u>	<u>0</u>
<b>Grand Totals</b>			1,936,259	1,837,149	869,250	41,269	41,295	26
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,936,259</u>	<u>1,837,149</u>	<u>869,250</u>	<u>41,269</u>	<u>41,295</u>	<u>26</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
28	4 WFW96H WHI	6/06/13	5,474		X	2,737	5 HY 200DB	5,474	0
29	INSTALL 18X12	5/28/13	10,898		X	5,449	15 HY 150DB	9,772	322
30	INSTALL NEW	10/09/12	2,255		X	1,127	10 HY 200DB	2,255	0
34	ROOF	6/17/15	9,645			9,645	39 MMS/L	2,180	241
35	BEDS	4/12/16	4,249		X	2,124	5 HY 200DB	4,249	0
39	FURNITURE AN	8/10/21	18,416		X	0	7 HY 200DB	18,416	0
40	FURNITURE AN	8/20/21	2,943		X	0	7 HY 200DB	2,943	0
41	FURNITURE AN	8/27/21	11,139		X	0	7 HY 200DB	11,139	0
42	FURNITURE AN	9/16/21	6,380		X	0	7 HY 200DB	6,380	0
43	DOORS	9/21/22	6,290		X	0	7 HY 200DB	6,290	0
44	FLOORING	11/28/22	19,000		X	0	7 HY 200DB	19,000	0
45	FLOORING	2/01/23	19,023		X	3,804	7 HY 200DB	16,694	665
46	SHELTER AC	9/23/22	5,765		X	0	5 HY 200DB	5,765	0
47	WALL OVEN	2/22/23	1,438		X	288	7 HY 200DB	1,262	50
63	RENOVATION/A	6/30/91	40,857			40,857	40 MMS/L	33,750	1,021
70	REPLACE WIND	7/18/94	6,350			6,350	40 MMS/L	4,756	159
73	REROOF	7/17/95	4,125			4,125	40 MMS/L	2,986	104
			174,247			76,506		153,311	2,562
<b>Other Depreciation:</b>									
1	AC FOR SHELTER	6/09/05	0			0	0 HY	0	0
2	WASHING MACHINE	2/04/05	0			0	0 HY	0	0
3	LAND	11/03/05	0			0	0 HY	0	0
4	LASERFAX2820	6/15/07	0			0	0 HY	0	0
5	SWINGSET	5/20/09	0			0	0 HY	0	0
6	TELEPHONE	11/17/08	0			0	0 HY	0	0
7	BUNK BEDS	10/17/08	0			0	0 HY	0	0
8	ALARM SYSTEM	12/10/08	0			0	0 HY	0	0
9	WINDOW BLINDS	8/20/08	0			0	0 HY	0	0
10	FRIDGIDAIRE	9/03/08	0			0	0 HY	0	0
11	GE SPACEMAK	9/03/08	0			0	0 HY	0	0
12	2 FRIDGIDAIRE	9/03/08	0			0	0 HY	0	0
13	2 FRIGIDAIRE	9/03/08	0			0	0 HY	0	0
14	2 FRIGIDAIRE	9/03/08	0			0	0 HY	0	0
15	2 FRIGIDAIRE	9/03/08	0			0	0 HY	0	0
16	2 SO GE 3/4	9/03/08	0			0	0 HY	0	0
17	CASA BUILDING	12/06/08	0			0	0 HY	0	0
18	WALL MOUNT	3/16/10	0			0	0 HY	0	0
19	DONOR BOARD	11/02/09	0			0	0 HY	0	0
20	10X14 VINYL	10/19/09	0			0	0 HY	0	0
21	GENERATOR	6/28/10	0			0	0 HY	0	0
22	GE REFRIDGERATOR	6/13/11	0			0	0 HY	0	0
23	3.5 TON TRANE	6/23/11	0			0	0 HY	0	0
24	8 HIGH RESOLUTION	4/20/11	0			0	0 HY	0	0
25	2011 GRAND CARAVAN	10/07/11	0			0	0 HY	0	0
26	ICI EL-790IR-W	2/12/12	0			0	0 HY	0	0
27	INTALL OF MIC	6/06/13	0			0	0 HY	0	0
31	4 DRYERS WPL	5/27/14	0			0	0 HY	0	0
32	12 ASHLEY DRES	6/11/14	0			0	0 HY	0	0
33	12 ASHLEY NIGH	6/11/14	0			0	0 HY	0	0
36	GARAGE DOOR	9/01/17	0			0	0 HY	0	0
37	FLOORING	6/21/18	0			0	0 HY	0	0
38	FENCE	6/21/18	0			0	0 HY	0	0
48	OFFICE FURNITURE	1/01/89	0			0	0 HY	0	0
49	SECURITY LIGH	12/29/91	0			0	0 HY	0	0
50	EXECUTIVE DESK	6/22/95	0			0	0 HY	0	0
51	WALL UNIT	6/22/95	0			0	0 HY	0	0
52	WORKSTATION	6/22/95	0			0	0 HY	0	0
53	84" MAHOGANY	3/11/98	0			0	0 HY	0	0
54	CHERRY EXECU	4/16/98	0			0	0 HY	0	0
55	CHERRY LATE	4/16/98	0			0	0 HY	0	0
56	STACKING CHA	3/11/99	0			0	0 HY	0	0
57	ACTIVITY TABLE	4/01/99	0			0	0 HY	0	0
58	SHELTER REMO	3/18/98	0			0	0 HY	0	0
59	TILE FLOORING	6/04/98	0			0	0 HY	0	0
62	7 DOORS & LA	6/30/90	0			0	0 HY	0	0
64	REMODELING A	1/27/92	0			0	0 HY	0	0
65	DRYWALL GAR	8/03/92	0			0	0 HY	0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
66	CARPET IN OFF	9/30/93	0			0	0 HY	0	0
67	FAN IN PLAYRO	4/20/93	0			0	0 HY	0	0
68	VINYL IN SHEL	6/15/94	0			0	0 HY	0	0
69	DECK AT SHEL	3/18/94	0			0	0 HY	0	0
71	DRAPES/BLIND	3/30/94	0			0	0 HY	0	0
72	CARPET	2/22/95	0			0	0 HY	0	0
74	PLAYGROUND	3/01/00	0			0	0 HY	0	0
75	Fencing - Shelter	5/19/25	0			0	0 HY	0	0
76	Lennox 5 Ton Heat Pump	2/20/25	0			0	0 HY	0	0
77	30 Amp Sub Panel	3/31/25	0			0	0 HY	0	0
78	Heat Pump - Outreach Building	5/23/25	0			0	0 HY	0	0
79	Privacy Landscaping - Shelter	5/01/25	0			0	0 HY	0	0
80	Garage Door - Shelter	5/06/25	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		174,247			76,506		153,311	2,562
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>174,247</u>			<u>76,506</u>		<u>153,311</u>	<u>2,562</u>

# Bonus Depreciation Report

## Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
27	INTALL OF MIC	6/06/13	2,738		0	0	1,369	1,369
28	4 WFW96H WHI	6/06/13	5,474		0	0	2,737	2,737
29	INSTALL 18X12	5/28/13	10,898		0	0	5,449	5,449
30	INSTALL NEW	10/09/12	2,255		0	0	1,128	1,127
35	BEDS	4/12/16	4,249		0	0	2,125	2,124
39	FURNITURE AN	8/10/21	18,416		0	0	18,416	0
40	FURNITURE AN	8/20/21	2,943		0	0	2,943	0
41	FURNITURE AN	8/27/21	11,139		0	0	11,139	0
42	FURNITURE AN	9/16/21	6,380		0	0	6,380	0
43	DOORS	9/21/22	6,290		0	0	6,290	0
44	FLOORING	11/28/22	19,000		0	0	19,000	0
45	FLOORING	2/01/23	19,023		0	0	15,219	3,804
46	SHELTER AC	9/23/22	5,765		0	0	5,765	0
47	WALL OVEN	2/22/23	1,438		0	0	1,150	288
<b>Grand Total</b>			<u>116,008</u>		<u>0</u>	<u>0</u>	<u>99,110</u>	<u>16,898</u>

Form **990/990PF**

**Rent Income and Deduction Worksheet**

**2024**

Description **COMMERCIAL BUILDING, INVERN**

Name  
**CITRUS COUNTY ABUSE SHELTER ASSOCIA**

Taxpayer Identification Number  
**59-2335910**

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	_____
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	_____
3. Depreciation Expense .....	3.	<u>1,480</u>
4. Direct Expense .....	4.	<u>15,929</u>
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	<u>17,409</u>
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<u>-17,409</u>

**Expense Details - Fees for Services:**

Accounting .....	_____
Legal .....	_____
Commissions .....	_____
Management .....	_____
Other Professional Fees .....	_____
<b>Total Fees for Services</b> .....	_____

**Expense Details - Depreciation Expense:**

On non-investment property .....	_____
On investment property .....	<u>1,480</u>
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	<u>1,480</u>

**Expense Details - Direct Expense:**

Interest .....	_____
Taxes/licenses .....	_____
Occupancy Expenses .....	_____
Repairs & Maintenance .....	_____
Travel/conferences/meetings .....	_____
Printing & Publication .....	_____
Advertising .....	_____
Insurance .....	_____
Utilities .....	_____
Supplies .....	_____
Other expenses .....	<u>15,929</u>
<b>Total Direct Expense</b> .....	<u>15,929</u>

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code 531120 Seq # 1

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 16,753	\$ 9,151	7,602	\$
SUPPLIES	7,163	716	6,447	
DUES & SUBSCRIPTIONS	3,283		3,283	
OTHER	1,841		1,841	
TOTAL	\$ 29,040	\$ 9,867	\$ 19,173	\$ 0

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 922,363
OTHER	682,859
TOTAL	<u>\$ 1,605,222</u>

Schedule A, Part II, Line 9(e)

Description	Amount
COMMERCIAL BUILDING, INVERN	\$ -17,409
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -18,409</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 63,353
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	7,363
TOTAL	<u>\$ 53,084</u>
	<u>\$ 123,800</u>