WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> DOMESTIC ABUSE INTERVENTION SERVICES, INC. 2102 FORDEM AVE MADISON, WI 53704-4610

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* *	PUBLIC	DISCLOSUR	Е СОРУ *	*	
Return of	Organiz	ation Exen	npt From	Income	Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

AF	or th	e 2023 calendar year, or tax year beginning and o	ending										
B C a	heck if oplicab	DOMESTIC ABOSE INTERVENTION SERVICES,		D Employer identific	cation number								
	Addre	inc.											
	Name chang	Doing business as		39-126823	38								
	Initial	return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final Final	and 2102 FORDEM AVE (608) 251-12											
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,872,330.								
	Amen return	MADISON, WI 55704-4010		H(a) Is this a group re									
	Applie	F Name and address of principal officer: STIANNON BARKI		for subordinates	? Yes X No								
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No								
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions								
	Vebsi			H(c) Group exemption									
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1977 N	State of legal domicile: WI								
Pa	rt I	Summary											
đ	1	Briefly describe the organization's mission or most significant activities: DOMES											
ů.		SERVICES OFFERS A WIDE ARRAY OF CRISIS IN	TERVEN	TION AND CO	MMUNITY								
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass									
ove	3	Number of voting members of the governing body (Part VI, line 1a)			13								
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			13								
es é	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	83								
viti	6	Total number of volunteers (estimate if necessary)			97								
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.								
				Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)		3,858,025.	3,730,053.								
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.								
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		819.	46,653.								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,399.	41,841.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,855,445.	3,818,547.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		243,372.	344,789.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		2,285,874.	2,652,300.								
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 307,15	58.										
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		723,879.	761,176.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,253,125.	3,758,265.								
	19	Revenue less expenses. Subtract line 18 from line 12		602,320.	60,282.								
s or			Be	ginning of Current Year	End of Year								
Assets d Balanc	20	Total assets (Part X, line 16)		7,045,663.	7,773,905.								
t As d B	21	Total liabilities (Part X, line 26)		722,207.	1,390,167.								
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		6,323,456.	6,383,738.								
Pa	rt II	Signature Block											

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

Sign	Signature of officer		Date								
Here	Here SHANNON BARRY, EXECUTIVE DIRECTOR										
	Type or print name and title										
Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid	JASON STEPHENS, CPA	JASON STEPHENS, CPA	04/25/24 self-employed P01263225								
Preparer	Firm's name WEGNER CPAS LLP		Firm's EIN 39-0974031								
Use Only	Firm's address 2921 LANDMARK PL	STE 300									
	Phone no. (608) 274-4020										
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No								
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23	Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	DOMESTIC ABUSE INTERVENTION SERVICES,
Form	990 (2023) INC. 39-1268238 Page 2
Par	t 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:
	OUR MISSION IS TO EMPOWER THOSE AFFECTED BY DOMESTIC VIOLENCE AND
	ADVOCATE FOR SOCIAL CHANGE THROUGH SUPPORT, EDUCATION, AND OUTREACH.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 265, 836. including grants of \$163, 609.) (Revenue \$)
	SHELTER AND SUPPORT - DAIS OPERATES THE ONLY DOMESTIC VIOLENCE HOMICIDE
	PREVENTION SHELTER IN DANE COUNTY. THE SHELTER IS STAFFED 24 HOURS A
	DAY AND DURING THEIR STAY, RESIDENTS ARE OFFERED CASE MANAGEMENT
	SERVICES, 24-HOUR SUPPORT FROM SHELTER ADVOCATES, FOOD, TOILETRIES, AND
	CLOTHING. THE DAIS SHELTER ALLOWS FOR A MAXIMUM STAY OF 45 DAYS WHICH HAS PROVEN TO BE VITAL TO A VICTIM'S ABILITY TO DEVELOP LONG-TERM,
	SUSTAINABLE PLANS AND NETWORKING WITH COMMUNITY SERVICES FOR THEIR
	FUTURE. OFFERING COMPREHENSIVE CASE MANAGEMENT SERVICES IS ESSENTIAL TO
	ENSURING THAT WHILE IN SHELTER, RESIDENTS RECEIVE THE SUPPORT,
	INFORMATION, COMMUNITY RESOURCE REFERRALS AND ASSISTANCE IN ACCESSING
	SERVICES AND RESOURCES THAT ARE NECESSARY TO REBUILD THEIR LIVES.
4b	(Code:) (Expenses \$757,452. including grants of \$173,296.) (Revenue \$)
	CRISIS INTERVENTION: INCLUDES THE 24-HOUR HELP LINE, 24-HOUR TEXT LINE,
	AND LEAP (LAW ENFORCEMENT ADVOCATE PARTNERSHIP).
	THE HELP LINE IS A FREE AND CONFIDENTIAL GATEWAY THROUGH WHICH CLIENTS
	CAN ACCESS ALL DAIS SERVICES. THE HELP LINE, ACCESSED VIA PHONE, IS STAFFED BY VOLUNTEERS AND PAID ADVOCATES WHO PROVIDE SUPPORT,
	INFORMATION, REFERRALS TO OTHER COMMUNITY AGENCIES, AND SAFETY
	PLANNING. DURING THE PANDEMIC DAIS EXCUSED VOLUNTEERS FROM THE BUILDING
	AND INTERNAL STAFF TOOK ON ADDED RESPONSIBILITIES TO SUPPORT THE
	FUNCTIONING OF THE HELP LINE.
	LEAP (LAW ENFORCEMENT ADVOCATE PARTNERSHIP) - THE LEAP PARTNERSHIP
4c	(Code:) (Expenses \$
	PLANNING, SUPPORT, INFORMATION, AND RESOURCES TO VICTIMS OF DOMESTIC
	VIOLENCE IN THE AREAS OF FAMILY LAW, CIVIL RESTRAINING ORDERS, CRIMINAL LAW, IMMIGRATION LAW, AND CHILD ABUSE. LEGAL ADVOCATES ARE NOT LAWYERS
	AND DO NOT PROVIDE LEGAL ADVICE. THE WORK OF THE LEGAL ADVOCATES MAY
	INCLUDE ASSISTING CLIENTS IN FILING FOR RESTRAINING ORDERS, DEVELOPING
	SAFETY PLANS WITH CLIENTS, PREPARING CLIENTS FOR INJUNCTION HEARINGS,
	PROVIDING SUPPORT TO CLIENTS DURING HEARINGS, AND ADVOCATING ON BEHALF
	OF CLIENTS WITHIN THE CRIMINAL, CIVIL AND FAMILY COURT SYSTEMS OR WITH
	LAW ENFORCEMENT AND OTHER SERVICE PROVIDERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 254,809. including grants of \$) (Revenue \$)
4e	Total program service expenses 2,546,145.
00000	Form 990 (2023) 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)
332002	12-21-23 SEE SCHEDOLE O FOR CONTINUATION(S) 2

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Part IV Checklist of Required Schedules Yes No. 1 Is the organization decretion of science 301(c)(3) or 4947(a)(1) (ofter than a private foundation? 1 X 2 Is the organization enquer in dire of on index polytation engles in bibling of or in coposition to cardidates for order of midrex polytation engles in bibling activities on bhall of or incompolities in a science 301(4). 1 X 2 Science 301(6) organizations. Det the organization maternam poly in bibbling activities or heav a section 501(b) decretion in effort organization matien and organization activities on the distribution or investment of amounts in such finds or accountific the visit of accounting activities accounts for which donce have the high to provide activitie diverses on a custedial field organization matien activities diverses or account is milling assets? If Yes, "complete Schedule D, Part I 6 X 7 X Bib the organization matien activities diverses or activities accounted for mediates or accounted for accounted in the complex schedule D, Part I 9 X 9 Det the organization report an amount in Part X line 21, for secret or complete Schedule D, Part I 9 X 10 X 10 X 10 X	Form	990 (2023) INC. 39-1268	238	Р	age 3
Is the organization described in sectors 501(c)(3) or 4847(a)(1) (other than a private foundation)? I X 2 Is the organization regime in direct in index followable of <i>Contributors</i> ? See instructions 2 X 3 Dirt the organization regime indirect in index followable of <i>Contributors</i> ? See instructions 3 X 4 Section 501(c)(3) organizations. Dirth the organization regime in lobbying activities, or have a section 501(b) election in effect animal amounts as defined in encore incomptents of the organization matchin any other advised funds or any similar indires or advocating to which organization matchin any other advised funds or any similar indires or advocating or which organization matchin any other advised funds or any similar indires or advocating or which organization matchin as or involutions of anounts in such funds or advocating or which organization matchin any other advised funds or any similar indires or advocating or which organization matchin collections of works of at. It historical inteasures, or other similar assets? If "Yes," complete Schedule 0, Part I 5 X 7 Dir the organization matchin and the 20 for similar assets? If "Yes," complete Schedule 0, Part I 8 X 8 Dir the organization matchin and the 20 for similar assets? If "Yes," complete Schedule 0, Part V 8 X 9 Dir the organization matchin relation any order or direction advocating, deb matching advocating, or deb registration registra and anount for land, buiidings, and exiguipment in Part X, line 10? If "Yes," co	Par	t IV Checklist of Required Schedules			
M* Yes, "complete Sendule A. 1 X 2 Is the organization regards in direct or indirect policial campaign activities on behalf of or in opposition to candidate for unitic of ords. Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/I /* Yes, "complete Schedule C. Part II. 4 X 5 Did the organization marking and young activities, or have a section 501(h) election in effect during the tax year/I /* Yes, "complete Schedule C. Part II. 5 X 6 Did the organization marking and young activities, or have a section 501(h) election in effect during activities, or have a section 501(h) election in effect during activities, or have a section 501(h) election in effect during activities, or have a section 501(h) election in effect during activities, or have a section 501(h) election in effect during activities, or hole accessment in election for which do acress activities activitities activities activities activities activities acti				Yes	No
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public office // Yes, 'complete Schedule C, Part / 3 X 4 Section 50(16)(3) organizations. Didt en organization enages in lobbying activities, or have a section 50(16) election in effect during the taxy year? // Yes, 'complete Schedule C, Part // 4 X 5 Is the organization a section 50(16)(5) 501(6)(5) organization that receives membership dues, assessments, or aimilar amounts as defined in Parv. Proc. 08:197 // Yes, 'complete Schedule C, Part // 6 X 6 Did the organization cevelv or hold a conservation assemut hunds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such thurds or accounts? // Yes, 'complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation assemut hunds or accounts? // Yes, 'complete Schedule D, Part // 8 X 8 Did the organization report an amount in Part X, line 21, for serow or custodal account liability; serve as a custodian for amounts not listed in Part X, provide cerdit consensustion, hold assets in donor restricted negotation services? 9 X 9 Did the organization directly or through a related organization, includ sestis in donor sets/ the regulation services? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, for Yes, 'complete Schedule D, Part X 10 X 11 <t< td=""><td>-</td><td></td><td></td><td></td><td></td></t<>	-				
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during the tax year? If Yes,* complete Schedule C, Part II 4 X 5 Is the organization a sector D(501(d) 501(d) <t< td=""><td>_</td><td></td><td>3</td><td></td><td></td></t<>	_		3		
5 Is the organization ascience 501(c)(d), 001(c)(G), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Rev Proc. 96-197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization markins ary donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization merver hold a conservation assement, including easements to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization markins and bolick of art, historical reasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization argon and mount in Part X, ill part X, line 21, for escrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide radid conselling, debt management, credit repair, or debt negolitation services? 9 X 10 Did the organization report an amount for investments - other socurities in Part X, line 10, IIV, NII, NI, NI, NI, NI, NI, NI, NI, NI, N	4				
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9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes,' complete Schedule D, Part III 8 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part X, UIL, VIL, VIL, VIL, X, x, as applicable. 111 X a) 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 XI 111 X b) 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 XI 112 X c) 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, and 701 114 X c) Did the organization included in consolidated financial statements for the tax year include a footnot that addresses the organization schouta market and Part X, line 127, 'Yes,' complete Schedule D, Part X	•		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit ocurseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, discussion report an amount for and, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, discussion 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 VIII 111b X 12 Did the organization, discussion 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 VIII 111b X 13 Did the organization report an amount for investments - orgaran 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 X VIII 111c X 14 Did the organization report an amount for the reassets in Part X, line 15, thi this 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111c X 14 Did the organization report an amount for the reassets in Part X, line 15, thi this 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	0		-		
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			21		x
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INC.

Form 990 (2023)

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

Form	990 (2023) INC. 39-1268	238	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
20				
			х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5-		5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~		6b		
-	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
7		_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
		7f		x
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		30		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
332005	j 12-21-23	Form	990	(2023)

	990 (2023) INC.		39-1268		P	age 6					
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.										
	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	1							
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the										
				3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:								
а	The governing body?		-	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-										
			,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	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	befor	e filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a			77					
	taxable entity during the year?			<u>16a</u>		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
800	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed WI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	a 990	i (section 501(c)(3)s	only)	availat	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain			C.							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	r interest policy, and	finano	cial						
~~	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 boo KOLLATH CDAC $= 608 - 824 - 3002$	ks and	records								
	KOLLATH CPAS - 608-824-3002 6200 MINERAL POINT RD STE 100, MADISON, WI 53705										
0000	· · ·			Form	990	(0000)					
332006	5 12-21-23 6			LOLU	1000	(2023)					
	\sim										

Form 990		INC.					39-
Part VII	Compensat	on of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees,	and Independ	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ane	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHANNON BARRY	40.00	-	-		-	1-0				
EXECUTIVE DIRECTOR		1		x				95,359.	0.	25,184.
(2) TOM LONG	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ANNE BRINDLEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) KARINA VIRRUETA	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) KAYLA GRASER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANITA MAHAMED (THRU DECEMBER)	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MELISSA ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) HEATHER CROWLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHARLENE SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TIM GRAHAM	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) ALLEN GRADY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JON LANDSVERK	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ANNE NORMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) EENA TAYLOR	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RACHEL REILLY	1.00									
DIRECTOR		Х						0.	0.	0.
	L									
		<u> </u>								
										F 000 (2000)

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Form 990 (2023)

Form 990 (2023) INC .								-	39-12	2682	238	Page 8
Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	st Co		, ,			
(A) Name and title	(B) Average hours per week	box, offic	not c , unles	Posi heck r ss per id a di	ition more son i:	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	I	Est ame	(F) imated ount of ther
	(list any use of the organization hours for use of the organization related organizations organizations below the below time of the organization (W-2/1099-MISC/ 1099-NEC) to organizations the organization the organization (W-2/1099-NEC) to organization the organization (W-2/1099-NEC) to organization (W-2/1099								fro orga and	ensation m the nization related nizations		
	line)	Individ	Institu	Officer	Key en	Highe emplo	Former					
		-										
		-										
		-										
		-										
		-										
		-										
		-										
1b Subtotal	I					<u> </u>		95,359.		0.	25	,184.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0. 95,359.		0.	25	0.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer	director truct	00 k		mol	0.101		hia	hast componented amp		ſ	•	Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual										3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." con</i>											5	X
Section B. Independent Contractors	-											
1 Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		ensat		
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompen	
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			

Form **990** (2023)

332008 12-21-23

INC.

Form 990 (2023)

Ра	ττ ν	(111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts	1		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	100 400				
ts, (Am			Fundraising events 1c	172,422.				
Gifi İlar			Related organizations 1d	001 110				
ns,				891,116.				
er S		f	All other contributions, gifts, grants, and					
Dth				666,515.				
onti od (-		424,086.				
<u>o</u> e		h	Total. Add lines 1a-1f		3,730,053.			
				Business Code				
ice	2	а						
ervi		b						
n S 'eni		С						
Jrar Rev		d						
Program Service Revenue		е						
٩.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	,	16 652			16 652
			other similar amounts)		46,653.			46,653.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	~	_		(ii) Fersonai				
	6		Gross rents 6a					
			Less: rental expenses 6b					
	c		Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a						
		h	Assets other than inventory 7a Less: cost or other basis					
e		D	and sales expenses 7b					
Revenue		~	Gain or (loss)					
leve			Net gain or (loss)					
P			Gross income from fundraising events (not					
Oth	Ŭ	u	including \$ 172,422. of					
0			contributions reported on line 1c). See					
			Part IV, line 18	49,815.				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-3,968.			-3,968.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10k	þ				
		с	Net income or (loss) from sales of inventory					
ŝ				Business Code				
sou: e	11	а						
ane		b						
eve		с						
Miscellaneous Revenue		d	All other revenue	900099	45,809.			45,809.
~		е	Total. Add lines 11a-11d		45,809.			
	12		Total revenue. See instructions		3,818,547.	0.	0.	88,494.
33200	9 12-	21-	23					Form 990 (2023)

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

Form 990 (2023) Part IX Statement of Functional Expenses

INC.

0000	Check if Schedule O contains a response			•	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	344,789.	344,789.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	120,543.	18,081.	78,353.	24,109.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,075,426.	1,398,348.	493,454.	183,624.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,713.	29,933.	4,390.	4,390. 24,460. 15,182.
9	Other employee benefits	257,680.	166,779.	66,441.	24,460.
10	Payroll taxes	159,938.	103,517.	41,239.	15,182.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	82,890.		82,890.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	41,816.	19,767.	21,649.	<u>400.</u> 70.
12	Advertising and promotion	3,366.		3,296.	70.
13	Office expenses	156,021.	77,337.	42,938.	35,746.
14	Information technology	76,943.	50,309.	18,201.	8,433.
15	Royalties				
16	Occupancy	171,915.	127,194.	38,412.	6,309.
17	Travel	6,098.	6,056.	38.	4.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,516.	91.	8,243.	182.
20	Interest	1,169.		1,169.	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	180,638.	173,412.	3,613.	3,613.
23	Insurance	31,804.	30,532.	636.	636.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses	2 852 275	0 546 445	004.050	
25	Total functional expenses. Add lines 1 through 24e	3,758,265.	2,546,145.	904,962.	307,158.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

08560425 788028 00298.1AU01

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

Form 990 (2023)

	990 (2 t X	2023) INC. Balance Sheet				39-	1268238 Page 11
	- / -	Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
			<u> </u>		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			364,962.	1	326,426.
	2	Savings and temporary cash investments			742,016.	2	1,937,085.
	3	Pledges and grants receivable, net			1,167,984.	3	767,815.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			48,044.	9	45,354
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,514,544.			
	b	Less: accumulated depreciation	10b	1,837,697.	4,722,657.	10c	4,676,847.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	20,378.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		7,045,663.	16	7,773,905
	17	Accounts payable and accrued expenses			232,783.	17	202,589.
	18	Grants payable				18	
	19	Deferred revenue		19	713,962		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer	, director,			
litie		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela	ted third	parties	489,424.	23	452,724.
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D		L	0.	25	20,892.
	26	Total liabilities. Add lines 17 through 25			722,207.	26	1,390,167.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,704,022.	27	6,000,255.
Ba	28	Net assets with donor restrictions		L	619,434.	28	383,483.
pur		Organizations that do not follow FASB ASC 9	58, checl	k here			
Ľ.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ec	luipment	fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
	20	Total wat apparts on fined balances			6 222 156		6,383,738.
S	32	Total net assets or fund balances		L	6,323,456. 7,045,663.	32	7,773,905

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	39-	1268238	B Page 12
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	1990 (2023) INC.	39	<u>-12682</u>	38	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		818		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	758		
3	Revenue less expenses. Subtract line 2 from line 1	3				82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	323	3,4	56.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		-			
_	column (B))	10	6,	383	3,7	38.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule ().			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2023)

332012 12-21-23

(Form 9	n 990) hent of the Treasury Revenue Service Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Dent of the Inspection						OMB No. 1545-0047		
Name of	e of the organization DOMESTIC ABUSE INTERVENTION SERVICES,								
Part I	INC. 39-1268238 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							9-1268238	
							ee instruction	15.	
1 2 3 4	A church, con A school des A hospital or	nvention of chi cribed in sect a cooperative search organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, c n of churches described Attach Schedule E (Forn anization described in s a njunction with a hospital	l in sectio n 990).) ection 170	on 170(b)(1)(b)(1)(A)(ii	ii).)(iii). Enter	the hospital's name,
5				lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	1		Complete Part II.)						
6 L	1		•	nental unit described in			.,		
7 X	•			ntial part of its support fr	rom a gove	ernmental	unit or from t	ne general	Dudiic described in
8	1		omplete Part II.)	(1)(A)(vi). (Complete Par	+ II)				
9	1 -			in section 170(b)(1)(A)		ad in conii	inction with a	land-grant	college
•	-	-	•	ulture (see instructions).		-		-	-
	university:		,			·····, ···,	,		
10	· · —	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and u	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
_	_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
_			complete Part IV, Se						
b _			•	or controlled in connect			0		•
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
Г	~		t complete Part IV,						
c _	_ ,	-	•	g organization operated		,		lly integrate	ed with,
		0). You must complete I			-		
d L		-		orting organization oper				-	
		-	v	ation generally must sat	•		-	an allenin	/eness
o [-	-	nplete Part IV, Sections					
e	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 En	ter the number								
			n about the supporte	d organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

Schedule A (Form 990) 2023

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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.)

INC.

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2583341.	3389769.	2907664.	3858025.	3730053.	16468852.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	2583341.	3389769.	2907664.	3858025.	3730053.	16468852.
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)						509,178.
<u>6</u>	Public support. Subtract line 5 from line 4. ction B. Total Support						15959674.
		() 0010	(1) 0000	() 0001	(1) 0000	() 0000	(0, 7, 1, 1
	ndar year (or fiscal year beginning in)	(a) 2019 2583341.	(b) 2020 3389769.	(c) 2021 2907664.	(d) 2022 3858025.	(e) 2023	(f) Total 16468852.
	Amounts from line 4	2303341.	5509709.	2907004.	3030023.	5750055.	10400052.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,477.	1,108.	618.	819.	46,653.	51,675.
•	and income from similar sources Net income from unrelated business	2, 1/1	1,100.	010.	015.	40,055	51,075.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16520527.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	163,211.
	First 5 years. If the Form 990 is for th	,	,	fourth, or fifth tax y	vear as a section 5		
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.61 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	97.57 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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INC.

Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			_		_	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2023	line 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	e organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b 33 1/3% support tests - 2022. If the	e organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, ch	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
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		15				

INC.

1

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Yes No

Part IV Supporting Organizations

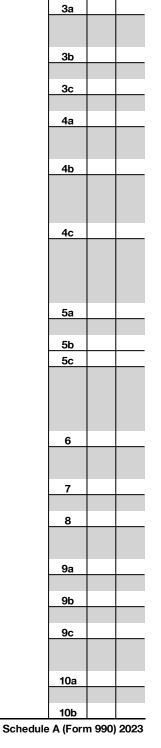
Schedule A (Form 990) 2023

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

Section A. All Supporting Organizations

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

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		Domediio medel initiation beautoeb,				
Sche	dule A		39-126	823	8 Pa	ige 5
Par	t IV	Supporting Organizations (continued)				
					Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?				
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	below, the governing body of a supported organization?		11a		
b	A fam	nily member of a person described on line 11a above?	L	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail	il in Part VI.		11c		
Sec	tion l	B. Type I Supporting Organizations				
			_		Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one supported organizations have the power to regularly appoint or elect at least a majority of the organization's of cors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) stively operated, supervised, or controlled the organization's activities. If the organization had more than one supportation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax of the organization.	fficers,			
	•	ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	,	1		
~	D					

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

Section D. A	I Type III	Supporting	Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

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

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

3a 3b

2a

2b

2

No

V. N

Yes No

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Schedule A (Form 990) 2023

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	edule A (Form 990) 2023 INC .			39-1268238 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Sche Par	dule A (Form 990) 2023 INC . t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu		9-1268238 _P	age 7
	on D - Distributions	<u>(.)(.)</u>			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourrent rou	
2	Amounts paid to perform activity that directly furthers exemp					
_	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 202	3
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

<u></u>	(5 000) 0000	DOMESTIC INC.	ABUSE	INTERVENTI	ON SERVICES,	39-1268238 Page 8
Part VI	(Form 990) 2023 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 4 (See instructions.)	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9t IV, Section I	o, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3a	1c; Part IV, Section B, li , and 3b; Part V, line 1; I	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
332028 12-21-2	23			20		Schedule A (Form 990) 2023

: *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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



OMB No. 1545-0047

Employer identification number

Name o	f the	organization	
		_	

DOMESTIC ABUSE INTERVENTION SERVICES,

4

INC.	
Organization type (check one):	

20 126

39-1268238

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

	B (Form 990) (2023)		
Name of or	rganization FIC ABUSE INTERVENTION SERVICES ,		Employer identification number
INC.	THE ADODE INTERVENTION DERVICED,		39-1268238
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is peeded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$454,06	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
2		\$739,77	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
3		\$330,97	9. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
5		\$75,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
<u> </u>		\$302,17	Person X Payroll Noncash Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

2023.03040 DOMESTIC ABUSE INTERVENTI 00298.11

23

Page 2

	B (Form 990) (2023)			Page 3
	organization		Emplo	yer identification number
	TIC ABUSE INTERVENTION SERVICES,		20	1060000
INC.				-1268238
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.	
(a)				
No.	(b)	(c) FMV (or estimate	a)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			- <i>y</i>	
c	STOCK DONATION	_		
6		-		
		302 1	70	12/29/23
		_ \$302,1	10.	
(a)				
No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimate		Date received
Part I		(See instructions	.)	
		_		
		_		
		_		
		_ \$		
(-)				
(a) No.	(b)	(c)		(4)
from	(D) Description of noncash property given	FMV (or estimate		(d) Date received
Part I		(See instructions	.)	Butereserved
		-		
		-		
		\$		
(a)		(c)		
No.	(b)	FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions	.)	Date received
		-		
		-		
		— <u>\$</u>		
(a)		(c)		
No.	(b)	(C) FMV (or estimate	e)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			,	
		-		
		-		
		— _¢		
		_ \$		
(a)				
No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimate		Date received
Part I		(See instructions	.)	
		_		
		_		
		_		
		_ \$		
303/53 10-06				Schedule B (Form 990) (2023)

323453 12-26-23

Schedule B (Form 990) (2023)

08560425 788028 00298.1AU01

Schedule	B (Form 990) (2023)				Page 4
	organization			Employe	er identification number
	TIC ABUSE INTERVENTION	SERVICES,			
INC.					1268238
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	ry. For organiz	ations	re than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year	r. (Enter this info. once.)	
(a) No.	Use duplicate copies of Part III if additional	space is needed.	<u> </u>		
from	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
Part I					
			_ -		
		(e) Transfer of gif	t		
	Transferee's name, address, a	Ind ZIP + 4	Relati	onship of transferor to	transferee
		[<u> </u>
(a) No.			<u> </u>		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
<u>Part i</u>					
			-		
		(e) Transfer of gif	t		
	Transferee's name, address, a	Ind ZIP + 4	Relati	onship of transferor to	transferee
(a) No.		<u>I</u>			
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
		(e) Transfer of gif	t		
	Transferee's name, address, a	Ind ZIP + 4	Relati	onship of transferor to	transferee
		[
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held
		(e) Transfer of gif	t		
	Turnet and a second state		D - I - ''	enchin of two - formers t	tuonofous -
	Transferee's name, address, a	liiu ∠IP + 4	Kelati	onship of transferor to	u ansteree
323454 12-26	6-23			S	Schedule B (Form 990) (2023)

08560425 788028 00298.1AU01

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990,		2023
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Public
	Revenue Service		0 for instructions and the latest information		Inspection
Nam	e of the organization	INC.		3	identification number 9-1268238
Par		-	d Funds or Other Similar Funds or	Accounts.	Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised f		
~			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used	-	
			r donor advisor, or for any other purpose conf		Yes No
Par			ganization answered "Yes" on Form 990, Part		
1		ervation easements held by the organization		IV, III e 7.	
•		of land for public use (for example, recrea		istorically impor	tant land area
		f natural habitat	Preservation of a c		
		of open space			
2			ied conservation contribution in the form of a	conservation e	asement on the last
-	day of the tax year	. .			at the End of the Tax Year
а				2a	
b					
с	•	vation easements on a certified historic stru			
d		vation easements included on line 2c acqu			
		•	• • •	2d	
3			eased, extinguished, or terminated by the org		the tax
	year				
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements	s during the year
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements duri	ng the year
8			satisfy the requirements of section 170(h)(4)(l		
_					Yes No
9		•	on easements in its revenue and expense stat		
			note to the organization's financial statements	that describes	the
Da		ounting for conservation easements.	Art, Historical Treasures, or Other	Similar Acc	ote
ı aı		the organization answered "Yes" on Form			Jet3.
10	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	8, not to report in its revenue statement and b		iorko
Ia					OFKS
		· · · · · · · · · · · · · · · · · · ·	blic exhibition, education, or research in furthe ncial statements that describes these items.	rance of public	
h			8, to report in its revenue statement and bala	aca shoot work	of
b			exhibition, education, or research in furtheral		
		ng amounts relating to these items.			TVICE,
	-			\$	
2			asures, or other similar assets for financial gai		
-		ints required to be reported under FASB A		, p. e 160	
а	-			\$	
		eduction Act Notice, see the Instructions			dule D (Form 990) 2023
	09-28-23	······································		22.10	
00			26		

DOMESTIC	ABUSE	INTERVENTION	SERVICES
DOUTEDITC	110000		DDI(ATCDD)

Sche	dule D (Form 990) 2023 INC •	C ADODE IN	1 111 1			,	39-	-126	8238	Page 2
Par		ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	Similar As	sets	(continu	ued)
3	Using the organization's acquisition, accession									
	collection items (check all that apply).									
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e	,	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	on's exemp	t purpose in	Part XI	II.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's col	lection?				Yes	No No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organization	answered "	Yes" on Fo	orm 990, Parl	IV, line	9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								A	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liability	?	[]	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds Complete if									
		(a) Current year	(b) l	Prior year	(c) Two year	rs back (d	I) Three years	back (e) Four	years back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	ed for the			_	
	organization by:								`	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo								
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	ee Form 990	, Part X, lin	ne 10.	-		
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulated	(0	d) Book	value
		basis (investr	nent)	basis	, ,	depre	eciation			
1a	Land				8,192.					,192.
	Buildings			6,00	1,998.	1,51	16,805.	4	,485	,193.
	Leasehold improvements									
	Equipment									
	Other			36	4,354.	32	20,892.			,462.
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. column	<i>(</i> B))			4	,676	,847.

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 INC •				39-1268238 Page 3
Part VII	Investments - Other Secur	rities			
	Complete if the organization answe	ered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name	of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financi	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, line 12,	col. (B))			
Part VII	Investments - Program Re	lated.		•	
	Complete if the organization answe	ered "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 of	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, line 13,	col. (B))			
Part IX	Other Assets				
	Complete if the organization answe	ered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X,	line 15, co	ol. (B))		
Part X	Other Liabilities				
	Complete if the organization answe	ered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	ne 25.
1.	(a) Description of liab	oility			(b) Book value
(1) Feo	deral income taxes				
(2) FI	NANCE LEASE LIABIL	ITY			20,892.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990. Part X.	line 25 cc	ol (B))		20,892.
	γ for uncertain tax positions. In Part λ				
-	ation's liability for uncertain tax posit			-	

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 INC .		39-1268238	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			
Pa	rt XIII Supplemental Information			

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	r if the	2023
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc						Inspection
Name of the organization	DOMESTI INC.	C ABUSE INTERVENTI	SN S	SER	/ICES,		=mployer id 39-1268	entification number 3238
	ing Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17.	Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv ast \$5,000 by the	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pursua organization.	tion of tion of fundra (incluc	non-g gover aising of ling of onal fu agreer	overnment grants nment grants events ficers, directors, trus undraising services?	ne fund	Ye	e (vi) Amount paid
or entity (func		(ii) Activity	have c or cor contrib	ustody itrol of	from activity	Ì fu	ndraiser d in col. (i)	to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c		utions	or has been notified	it is ex	empt from re	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

	rt II	e G (Form 990) 2023 INC . Fundraising Events. Complete if t of fundraising event contributions and gu	ross income on Form 990		IV, line 18, or reported	
			(a) Event #1 RAISE FOR DAIS	(b) Event #2 DANCE FOR DAIS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	160,881.	61,356.		222,237.
	2	Less: Contributions	118,579.	53,843.		172,422.
	3	Gross income (line 1 minus line 2)	42,302.	7,513.		49,815.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	22,419.	24,363.		46,782.
rect Ex	7	Food and beverages	2,000.			2,000.
ā		Entertainment	1 1 1 0	3,283.		5,001.
		Other direct expenses Direct expense summary. Add lines 4 throug		5,205.		53,783.
I		Net income summary. Subtract line 10 from				-3,968.
						· · · · · · · · · · · · · · · · · · ·
	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	· · ·
			T	· · · · · ·		· · · ·
Pa		II Gaming. Complete if the organization	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
Pa		II Gaming. Complete if the organization	T	(b) Pull tabs/instant		(d) Total gaming (add
	rt II	II Gaming. Complete if the organization	T	(b) Pull tabs/instant		(d) Total gaming (add
Pa enuee Ba	1 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Pa Bevenue	1 2	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Pa Bevenue	<u>1</u> 2 3	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Pa	<u>1</u> 2 3 4	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
Pa enue	rt II 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c)
Pa Bevenue	rt II 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pa Bevenue	rt II 1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Pa Bevenue	rt II 1 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Pa Bevenue	rt II 1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue ad	1 2 3 4 5 6 7 8	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
6 Direct Expenses Revenue 8	1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
b 6 Direct Expenses Revenue d	rt II 1 2 3 4 5 6 7 8 Entt Is th	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
d b 6 Direct Expenses Revenue b	1 2 3 4 5 6 7 8 Ent Is tt If "↑	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
e c Direct Expenses Revenue ed	1 2 3 4 5 6 7 8 Entt Is th If "N 	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Schedule G (Form 990) 2023

DOMESTIC .	ABUSE	INTERVENTION	SERVICES
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Sch	edule G (Form 990) 2023	INC.	39-12	26823	B Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	%
				13b	%
		e person who prepares the organization's gaming/special events books and record			
	Nome				
	Address				
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue? \dots		Yes	No No
b	If "Yes," enter the amount of gami	ng revenue received by the organization \$ and the am	ount		
	of gaming revenue retained by the	third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	0				
	Name				
	Gaming manager compensation	\$			
		·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gaming proceeds to			
				Yes	No No
b	• •	required under state law to be distributed to other exempt organizations or spent i			
	organization's own exempt activiti				
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part	III, lines 9	, 9b, 10b,
		applicable. Also provide any additional information. See instructions.			
2000	22 00 12 22		Schody	la C (Ear-	0001 2022
3320	83 09-13-23	32	Schedul	ie a (rorn	n 990) 2023

	(=	DOME	STIC	ABUSE	INTERVENTION	SERVICES,	39-1268238 Page 4
Part IV	(Form 990) Supplemental Inform	INC.	(continue	ed)			39-1200230 Page 4
			Continue				
							Schedule G (Form 990)
332084 04-01-3	22						

332084 04-01-23

SCHEDUL (Form 990	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.													
Department of	the Treasury	Attach to Form 990.												
Internal Reven														
Name of th	ne organization DOMESTIC													
Part I	General Information on Grants a	nd Assistance												
crite	s the organization maintain records t ria used to award the grants or assis	stance?	-			-			/es 🗌 No					
	cribe in Part IV the organization's pro Grants and Other Assistance to							N/ line O1 few end						
Part II	recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for an	у					
1 (a) Ւ	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		se of grant stance					
_														
_														

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

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

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

Schedule I (Form 990) 2023

39-1268238

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO SPECIFIC INDIVIDUALS FOR					
RANSPORTATION, LANGUAGE LINE, LEGAL					
OCUMENTATION, PRESCRIPTIONS, HOUSEHOLD SUPPLIES,					
ND EMERGENCY HOUSING.	1900	240,233.	104,556.	FAIR MARKET VALUE	CLOTHING AND HOUSEHOLD GOODS
Part IV Supplemental Information. Provide the information rec	I Dout Lin	o O: Dort III. ookumn	(b); and any other as	 ditional information	1

PART I, LINE 2:

Schedule I (Form 990) 2023

THE PURPOSE OF DIRECT AID IS TO PROVIDE ACCESS TO MEANINGFUL RESOURCES TO

CLIENTS THAT CONTRIBUTE TO THEIR SAFETY, SELF-SUFFICIENCY, AND STABILITY.

DIRECT AID MAY INCLUDE MONETARY SUPPORT WITH HOUSING, SECURITY DEPOSITS,

VEHICLE REPAIRS, LEGAL DOCUMENTS, GAS CARDS, BUS PASSES, AND SECURITY

RESOURCES (CAMERAS OR LOCK CHANGES). DAIS HAS SPECIFIC DIRECT AID

PROTOCOLS AND PROCEDURES THAT STAFF ADHERE TO IN ORDER TO ENSURE THAT AID

IS BEING PROPERLY REQUESTED, REVIEWED, APPROVED, AND THAT FUNDS ARE BEING

HANDLED CORRECTLY TO ENSURE THEIR INTENDED USE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Public

2023
Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection ntification number 1268238

Nam	e of the organization	DOMESTIC ABU	SE INT	ERVENTION	SERVICES,	Employer identification number
		INC.				39-1268238
Pa	rt I Types of Pr	roperty				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2		es				
3		sts				
4		าร				
5		old goods	X		106,643.	ESTIMATED RESALE VAL
6		es				
7						
8	Intellectual property					
9		aded	X	5	317,443.	QUOTED MARKET PRICE
10		eld stock				
44	Socurition Dortporchi					

	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ())								
27	Other ())								
28	Other ()								
29	Number of Forms 8283 received by the orga	anization d	uring the tax	k year for c	ontributions					
	for which the organization completed Form 8	8283, Part	V, Donee A	cknowledg	ement	29			0	
									Yes	No
30a	During the year, did the organization receive	e by contril	oution any p	roperty rep	orted in Part I, lir	nes 1 throug	h 28, that it			
	must hold for at least 3 years from the date	of the initia	al contributio	on, and wh	ich isn't required	to be used	for			
	exempt purposes for the entire holding period	od?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptanc	e policy th	nat requires t	the review	of any nonstanda	rd contribut	ions?	31	Х	
32a	Does the organization hire or use third partie	es or relate	ed organizati	ions to soli	cit, process, or se	ell noncash				
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount ir	n column (c) for a type	of property	/ for which colum	ın (a) is cheo	cked,			

describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

						STIC A	BUS	E IN	TERVENT	ION	SERVIC	ES,	2.0	100000	
Schedu Part	ule M (Form 99 Suppl	90) 2023 ement		NC .	ation p	ovido t	ho infor	mation require	d by E	Part L linas 30h	22b and 22		9-1268238 whether the organi	Page 2
		is repor	ting in P	'art I, co	olumr	n (b), the nu	imber c	of contri	butions, the n	umber	of items receiv	, 320, and 33 /ed, or a com	binatio	n of both. Also co	mplete
		this par	t for any	additio	onal II	nformation.									
SCHE	זותי	. ЕМ	раг	ד יחי ב		COLUMN	(B))•							
benn		<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>	., 、			•							
THE	ORG	SANIZ	ZATIC	ON I	S	INCLUD	ING	THE	NUMBER	OF	CONTRIE	BUTIONS	IN	COLUMN	
(B).	_														
<u>(D)</u>	•														
332142 0)9-11-23													Schedule M (For	rm 990) 2023
									37						

08560425 788028 00298.1AU01

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. DOMESTIC ABUSE INTERVENTION SERVICES,



39-1268238

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

EDUCATION/PREVENTION PROGRAMS, INCLUDING A 24-HOUR HELP LINE,

PROGRAMMING FOR CHILDREN FROM VIOLENT HOMES, LEGAL ADVOCACY, SUPPORT

GROUPS, EMERGENCY SAFETY PLANNING, AND THE ONLY DOMESTIC VIOLENCE

SHELTER IN DANE COUNTY, WISCONSIN.

TNC.

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

QUICKLY CONNECTS VICTIMS OF DOMESTIC VIOLENCE IN THE CITY OF MADISON

WITH THE ADVOCACY SERVICES PROVIDED BY DAIS. BECAUSE OF VARIOUS

BARRIERS, MANY VICTIMS DO NOT TAKE ADVANTAGE OF VICTIM ADVOCACY

SERVICES AFTER A DOMESTIC ABUSE ARREST. THE LEAP PROGRAM IS A JOINT

EFFORT BETWEEN THE MADISON POLICE DEPARTMENT AND DAIS FOCUSED ON

REACHING OUT TO VICTIMS TO OVERCOME THESE BARRIERS AND OFFER SUPPORTIVE

SERVICES.

COMMUNITY SUPPORT SERVICES: THE GOAL OF DAIS COMMUNITY SUPPORT PROGRAMS

ARE TO DECREASE ISOLATION AND PROVIDE SAFETY PLANNING, SUPPORT,

INFORMATION, REFERRALS, AND ASSISTANCE TO ACCESS COMMUNITY RESOURCES

AND SUPPORTS TO VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE. COMMUNITY

SUPPORT SERVICES ENCOMPASS SUPPORT GROUPS, SHORT-TERM RESPONSE

SERVICES, AND CASE MANAGEMENT FOR COMMUNITY CLIENTS.

CASE MANAGEMENT FOR COMMUNITY CLIENTS PROVIDES CLIENTS WITH

FACE-TO-FACE EMERGENCY SAFETY PLANNING WITH TRAINED ADVOCATES, BASIC

RESTRAINING ORDER ASSISTANCE, HOUSING INFORMATION, SUPPORT, REFERRALS

TO OTHER COMMUNITY RESOURCES, AND ASSISTANCE ACCESSING COMMUNITY

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization DOMESTIC ABUSE INTERVENTION SERVICES, INC.	Employer identification number 39-1268238
RESOURCES AND SERVICES. MEETINGS CAN BE HELD AT DAIS AS WE	LL AS AT
SAFE, CONFIDENTIAL PARTNERSHIP SITES ACROSS DANE COUNTY IN	CLUDING
HOSPITALS, CLINICS, LIBRARIES, OR OTHER HUMAN SERVICES ORG	ANIZATIONS.
SUPPORT GROUP - DAIS SUPPORT GROUPS HELP MEMBERS OF THE CO	MMUNITY
DECREASE THEIR ISOLATION, INCREASE THEIR SAFETY, AND CONNE	CT WITH OTHER
DAIS SURVIVORS. DAIS TYPICALLY OFFERS TWO WEEKLY SUPPORT G	ROUPS FOR
ANYONE WHO IDENTIFIES AS A FEMALE VICTIM OF DOMESTIC VIOLE	NCE.

ADDITIONALLY, OTHER GROUPS MAY BE OFFERED BASED ON CLIENT INTEREST

INCLUDING ONE FOR WOMEN OVER THE AGE OF 50, ONE FOR SPANISH SPEAKERS,

AND ONE FOR SEXUAL VIOLENCE SURVIVORS. DAIS ALSO MAY ALSO OFFER SUPPORT

GROUPS FOR FAMILY AND FRIENDS OF SURVIVORS.

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

PREVENTION, OUTREACH, EDUCATION & TRAINING: DAIS OFFERS COMMUNITY

EDUCATION AND SKILLS-BASED TRAINING, WORKING THROUGHOUT THE DANE COUNTY

COMMUNITY TO RAISE AWARENESS ABOUT DOMESTIC VIOLENCE AND PROMOTE

HEALTHY RELATIONSHIPS. THE CAPE (COMMUNITY AWARENESS PREVENTION

EDUCATION) PROGRAM OFFERS WORKSHOPS, PRESENTATIONS AND TRAININGS

TAILORED FOR SPECIFIC GROUPS INCLUDING COMMUNITY GROUPS, SCHOOLS,

BUSINESSES, LAW ENFORCEMENT, HEALTH CARE PROVIDERS AND FAITH-BASED

GROUPS. IN ADDITION, THIS PROGRAM HELPS TO ENSURE THAT THE

ORGANIZATION'S OUTREACH EFFORTS TO BOTH THE COMMUNITY AT LARGE AND TO

VICTIMS WHO MAY NEED SERVICES ARE COORDINATED AND COMPREHENSIVE. DAIS

ALSO FACILITATES PRIMARY PREVENTION PROGRAMMING IN VARIOUS SCHOOLS AND

COMMUNITY BASED SETTINGS. MEN ENCOURAGING NON-VIOLENT STRENTH (MENS)

CLUBS PROVIDE ADOLESCENT MEN WITH A SAFE SPACE TO DECONSTRUCT THE MANY

MIXED MESSAGES ABOUT MASCULINITY THAT YOUNG MEN RECEIVE. DAIS
332212 11-14-23
Schedule O (For

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization DOMESTIC ABUSE INTERVENTION SERVICES,	Page 2 Employer identification number
INC.	39-1268238
RECOGNIZES THAT STATISTICALLY MOST BATTERERS ARE MEN, BUT	MOST MEN ARE
NOT BATTERERS. MENS CLUB SEEKS TO PROVIDE OPPORTUNITIES FO	R YOUNG MEN
TO IDENTIFY FOR THEMSELVES THE KIND OF MEN THEY WISH TO BE	IN THEIR
RELATIONSHIPS, RECOGNIZING THAT HEALTHY STRONG MEN ARE NOT	VIOLENT.
MENS CLUB ALSO GIVES THE YOUTH IN THE PROGRAM THE OPPORTUN	ITY TO LEARN
BYSTANDER INTERVENTION SKILLS AND OPPORTUNITIES TO BECOME	LEADERS IN
THE ANTI-VIOLENCE MOVEMENT WITH THEIR PEERS, THEIR SCHOOLS	AND THEIR
COMMUNITY.	
EXPENSES \$ 159,190. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
CHILDREN'S SERVICES: THE DAIS CHILDREN'S PROGRAM OFFERS P	ROGRAMMING
FOR CHILDREN RESIDING IN THE SHELTER AND FOR CHILDREN FROM	THE
COMMUNITY WHOSE PARENTS ARE UTILIZING OTHER DAIS SERVICES.	AT ANY GIVEN
TIME, ABOUT HALF OF OUR SHELTER RESIDENTS ARE CHILDREN AND	MOST ARE
UNDER THE AGE OF 6. THE PURPOSE OF CHILDREN'S PROGRAMMING	IS TO PROVIDE
CHILDREN FROM VIOLENT HOMES WITH PHYSICAL AND EMOTIONAL SA	FETY,
STRUCTURE AND CONSISTENCY, OPPORTUNITIES TO PROCESS THEIR	FEELINGS
THROUGH PLAY AND CREATIVE ACTIVITIES, EXPERIENCE WITH POSI	TIVE
DISCIPLINE TECHNIQUES, AND TO EXPERIENCE AND PRACTICE STRA	TEGIES FOR
SELF-REGULATION AND COPING. PROGRAMMING INCLUDES RECREATION	NAL GROUPS,
AS WELL AS EDUCATIONAL AND SUPPORT GROUPS. PARENTING SUPPORT	RT AND
PARENT/CHILD BONDING ACTIVITIES ARE ALSO PROVIDED TO PARENT	TS WHO ARE
UTILIZING DAIS SERVICES IN ORDER TO AID IN HEALING THE PAR	ENT-CHILD
BOND.	
EXPENSES \$ 95,619. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.

FORM 990, PART VI, SECTION B, LINE 11B:

 THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE BOARD

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 Schedule O (Form 990) 2023

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 2023.03040 DOMESTIC ABUSE INTERVENTI 00298.11

Schedule O (Form 990) 2023								
Name of the organization	DOMESTIC ABUSE INTERVENTION SERVICES, INC.	Employer identification number 39-1268238						
OF DIRECTORS;	IT IS REVIEWED BY THE EXECUTIVE DIRECTOR AN	D THE TREASURER						

PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND OFFICERS ANNUALLY COMPLETE AND SIGN A CONFLICT OF

INTEREST STATEMENT. THE GOVERNING BODY REVIEWS THESE STATEMENTS TO

DETERMINE WHETHER A CONFLICT EXISTS AND ALSO REVIEWS ANY ACTUAL CONFLICTS.

ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE

GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS IS THE ONLY ENTITY AUTHORIZED TO EXTEND OFFERS OF

EMPLOYMENT TO CANDIDATES FOR THE POSITION OF EXECUTIVE DIRECTOR. THE

EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS

AT THE TIME OF HIRE AND IS REVIEWED ANNUALLY. THE COMPENSATION LEVEL

CONSIDERS COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS IN THE REGION.

INFORMATION IS TYPICALLY PULLED FROM COMPENSATION SURVEYS BY RELIABLE

SOURCES AS WELL AS COMPENSATION INFORMATION FILED PUBLICLY WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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SCHEDULE R	Related Organizations and Unrelated Partnerships					
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.					
Department of the Treasury	Attach to Form 990.	Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection				
Name of the organization		identification number 268238				
Part I Identificatio	n of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DAIS, LLC - 45-2933596					DOMESTIC ABUSE
2102 FORDEM AVE	HOLD TITLE TO PROPERTY FOR				INTERVENTION SERVICES,
MADISON, WI 53704-4610	SHELTER AND OTHER PROGRAMS	WISCONSIN		4,676,847.	INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled ity?
						Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 INC.

39-1268238 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizationo troated do a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
]											
	1											
	-											
	-											
	-											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

INC. Schedule R (Form 990) 2023

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	--

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b	
b Gift, grant, or capital contribution to related organization(s)	
b Gift, grant, or capital contribution to related organization(s)	
c Gift, grant, or capital contribution from related organization(s)	<u> </u>
d Loans or loan guarantees to or for related organization(s)	
e Loans or loan guarantees by related organization(s)	L
f Dividends from related organization(s)	
g Sale of assets to related organization(s)	
h Purchase of assets from related organization(s)	
i Exchange of assets with related organization(s)	
j Lease of facilities, equipment, or other assets to related organization(s)	
k Lease of facilities, equipment, or other assets from related organization(s)	
I Performance of services or membership or fundraising solicitations for related organization(s)	
m Performance of services or membership or fundraising solicitations by related organization(s)	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
o Sharing of paid employees with related organization(s)	
p Reimbursement paid to related organization(s) for expenses	
q Reimbursement paid by related organization(s) for expenses	
r Other transfer of cash or property to related organization(s)	
s Other transfer of cash or property from related organization(s)	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		6	.)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all rs sec.	Share of	Share of		opor-	Code V-UBI	Genera	I or Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501(org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	manag partne	_{r?} ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10
				<u> </u>								

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

INC.

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332165 09-28-23