Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year beginning	, 2023 , and end	ling		, 20
В	Check if	applicable:	C Name of organization UNBROK	EN SPIRIT		D Empl	oyer identification number
	Address	change	Doing business as			92-1	773267
\Box	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	E Telepl	hone number
X	Initial ret	urn	10 DEEP CREEK TRA	IL		(828)333-1941
\Box		rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code		·	
\Box	Amende		ARDEN, NC 28704			G Gross	receipts \$ 494,909.
$\overline{\Box}$		on pending	F Name and address of principal off	icer:	H(a) Is this		or subordinates? Yes X No
			Peter Champagne, 10 D				
ī	Tax-exer	npt status:	X 501(c)(3)) (insert no.) 4947(a)(1) or 527			st. See instructions.
J	Website	: HTTPS	.//UNBROKENSPIRIT.O		H(c) Grou	p exemption	number
ĸ	Form of o		Corporation Trust Associa			 	of legal domicile: NC
_	art I	Summa					
	1			ion or most significant activities: To emp	ower Veterans' w	ellbeing thr	ough transformative programs
ĕ	-			meaning, purpose and impa			ough clumblotimective programs.
Activities & Governance			<u> </u>	meaning, purpose and impo			
ern	2	Check this	box ☐ if the organization d	iscontinued its operations or disposed	of more than	25% of it	s net assets.
ò	3			rning body (Part VI, line 1a)		1	5
∞ ∞	4			s of the governing body (Part VI, line 1			5
es	5			n calendar year 2023 (Part V, line 2a)			0
ĭ	6			necessary)		. 6	20
Act				Part VIII, column (C), line 12		. 7a	0.
•	1			from Form 990-T, Part I, line 11			0.
_		Trot amount	ted basiness taxable interne	Prior		Current Year	
Revenue	8	Contributio	ons and grants (Part VIII line	1h)	11101		216,254.
	9		ervice revenue (Part VIII, line		210,234.		
Ver	10	_	t income (Part VIII, column (A				
Be	11		The state of the s	es 5, 6d, 8c, 9c, 10c, and 11e)			217,346.
	12			nust equal Part VIII, column (A), line 12)			
	13	•		X, column (A), lines 1–3)			433,600.
	14			(, column (A), line 4)			
	15						
ses	16a			benefits (Part IX, column (A), lines 5–10) olumn (A), line 11e)			
en							
Expenses	17		raising expenses (Part IX, column (A) lin	umn (D), line 25)0. es 11a-11d, 11f-24e)			105 050
	18			· · · · · · · · · · · · · · · · · · ·			105,958.
	19			equal Part IX, column (A), line 25) .			105,958.
_ 8		neveriue ie	ess expenses. Subtract line 1	8 from line 12	Beginning of 0	Surront Voor	327,642. End of Year
Net Assets or Fund Balances	20	Total asset	to (Dort V. line 16)		Beginning or C	Jurrent rear	
Asse Bala	20 21		ts (Part X, line 16) ties (Part X, line 26)				328,272.
det/	22		or fund balances. Subtract li	ino 01 from lino 00			327,642.
	art II		re Block				327,042.
				return, including accompanying schedules and s	totomonto and to	the best of	my knowledge and belief it is
				officer) is based on all information of which prep			my knowledge and belief, it is
						02/01/0	0004
Sig	an	Signature of	officer			03/21/2 Date	2024
	ere	"		. 5:		ale	
Пе	: E		er Champagne, Execut name and title	tive Director			
_		<u> </u>		Preparer's signature	Data		if PTIN
Pa	id		preparer's name		Date	Check 24 self-emp	□ "
Pr	epare	r ——	RD WAYNE	RICHARD WAYNE	03/25/202		100110071
	e Onl	y Firm's nan					16-1230110
		Firm's add		DEPEW, NY 14043	Pi	none no. (7	16)681-0120
1/1/2	v tha iL	C CHECHES 1	this ratiirn with the preparer o	SNOWN SNOVAY SAA INSTRUCTIONS			IYI VAC NA

Part	Check if Schedule O contains a resp		Part III	
1	Briefly describe the organization's mission:	orise of flote to arry line in this		<u> </u>
•	To empower Veterans' wellbeing	a through transformati	uo programa	
	that help create a life of mea			
	chat help cleate a life of mea	aiiiig, puipose aiid iiip	act.	
2	Did the organization undertake any significa	ant program services during the	vear which were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sc			_ 100110
3	Did the organization cease conducting, or		how it conducts any program	
Ū	services?			Yes X No
	If "Yes," describe these changes on Schedu			_ 165 N NO
4	_		to three largest program consisce o	a magazirad bu
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) o			
	the total expenses, and revenue, if any, for ϵ		of the amount of grants and anoca	lions to others,
	the total expenses, and revenue, if any, for the	sach program service reported.		
40	(Code: \(\(\(\(\(\) \\ \) \) \(\(\)	1. including grants of ¢	0 \ /Dayanya	(00)
4a	(Code: 93,1			
	The Organization provides a tr			
	that leads them on a year long			
	themselves armed with a new pu			
	community			
4h	(Code:) (Expenses \$	including grants of ¢) (Payanua ¢	
4b	(Code) (Expenses \$	Including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(Θοαο) (Εχροποσο ψ			/
4d	Other program services (Describe on Sched	ule O.)		
	(Expenses \$ including grant		e \$)	
4e	Total program service expenses	93,115.	, , , , , , , , , , , , , , , , , , ,	
_	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		×
9	complete Schedule D, Part III	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^ ×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	441		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	16		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	×	-
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23		×
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance 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 0			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
-	reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a				110				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
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?	3a		×				
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,	OD						
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
h	If "Yes," enter the name of the foreign country	4a		^				
b								
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		×				
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
oa	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		×				
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or							
_	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a	×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
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						
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							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	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		×				
	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		×				
. •	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							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.	17						
	ii 100, complete i dilli 0000.							

Form 990 (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Peter Champagne, 10 Deep Creek Trail, Arden, NC 28704 (828)333-1941

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

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

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

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

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

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

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

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		(C)								
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any	오크	9 5 5 2 3			S 9 H 7		from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	랔	stitu	Officer	эу е	ghe	Former	1099-MISC/	1099-MISC/	organization and
	related	dua	tio	Ť	βp	st c	9	1099-NEC)	1099-NEC)	related organizations
	organizations	۲ <u>۲</u>	<u>ล</u>		Key employee	m om				
	below dotted line)	Individual trustee or director	Institutional trustee		ď	oen:				
	,	0	tee			Highest compensated employee				
(1) Peter Champagne	40.00									
Executive Director	10.00	×								
(0) D - 1- T 1	1.00									
President	1.00	-		×						
(3) Dr. Robert Phillips	1.00			-						
Treasurer	1.00			×						
(4) Rick Guthy	1.00									
Secretary										
(5) Peter Heckman	1.00									
Board Member		×								
(6) D	1.00									
Board Member	1	×								
(7)										
(8)										
		1								
(9)										
		1								
(10)										
(11)										
(12)										
(42)				_						
(13)										
(14)										
S/	t	1								

	90 (2023)												Page 8
Part	VII Section A. Officers, Directors, 7	Γrustees,	Key I	Em	plo	yee	s, ar	ıd F	lighest Compe	nsated I	Emplo	yees (c	continued)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than is both or/trus	n an	(D) Reportable compensation from the	(E) Reports compens from rel	able sation	of	(F) ted amount other pensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		ns (W-2/ ISC/	fro organi	om the zation and organizations
(15)							0						
(16)			-										
(17)			-										
(18)													
(19)													
(20)													
(21)													
(22)			-										
(23)			-										
(24)			-										
(25)													
1b c d	Subtotal	VII, Section					 						
2	Total number of individuals (including but reportable compensation from the organi	t not limited	d to th	nose	e list	ted	abov	e) w	ho received mor	e than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete the					e, k	кеу е		loyee, or highes		nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	преі	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc		5	×
	on B. Independent Contractors												I
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	vices	((C) Compens	ation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who			

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Pa	ırt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ع ق	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
<u>iā</u>	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
utio er		and similar amounts not included above 1f	216,254.				
호 된	g	Noncash contributions included in					
o pr		lines 1a–1f 1g	\$ 6,023.				
<u>a</u> 5	h	Total. Add lines 1a-1f		216,254.			
			Business Code				
je	2 a						
e Z	b						
gram Ser Revenue	С						
ran ev	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a–2f					
	3	Investment income (including dividends other similar amounts)					
	4	Income from investment of tax-exempt box	_				
	4 5	B 111					
	3	Royalties	(ii) Personal				
	6a	Gross rents 6a	(1) 1 01001141				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
e	С	Gain or (loss) 7c					
_	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	278,655.				
		Less: direct expenses 8b	61,309.	015 515			
	C	Net income or (loss) from fundraising ever Gross income from gaming	nts	217,346.		0.	217,346.
	9a						
	b						
		Less: direct expenses 9b Net income or (loss) from gaming activitie					
		Gross sales of inventory, less	3				
	. • •	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventor	ry				
S			Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
eve eve	С						
Alis(d	All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue See instructions		433.600		0	217.346

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees): Management	F 000	0	5,000.	0
a b	Legal	5,000. 2,807.	0.	2,807.	0. 0.
C	Accounting	1,082.	0.	1,082.	0.
d	Lobbying	1,002.	0.	1,002.	
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	172.	172.	0.	0
13	Office expenses	2,596.	0.	2,596.	0.
14	Information technology	14,294.	14,294.	2,390.	0.
15	Royalties	11,271.	11,201.	0.	
16	Occupancy				
17	Travel	29,107.	29,107.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1 250	0	1 250	
23	Insurance	1,358.	0.	1,358.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Printing	4,338.	4,338.	0.	0.
b	Shipping, Storage	1,470.	1,470.	0.	0.
С	Equipment & Supplies	43,734.	43,734.	0.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	105,958.	93,115.	12,843.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	πχ		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	328,272.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	328,272.
	17	Accounts payable and accrued expenses		17	630.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	630.
"	20	Organizations that follow FASB ASC 958, check here		20	030.
Ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	327,642.
Ва	28	Net assets with donor restrictions		28	32,,012.
nd		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	327,642.
Z	33	Total liabilities and net assets/fund balances		33	328,272.

Form 990 (2023) Page **12**

					9		
Part	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Bert VI						
	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			3,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2			,95		
3	Revenue less expenses. Subtract line 2 from line 1	3		327	7,64	12.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		327	7,64	12.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Y	es	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	а		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed 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?		. 2	h		×	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi					$\hat{}$	
	separate basis, consolidated basis, or both.	ieu o	" a				
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rciah	t of				
C	the audit, review, or compilation of its financial statements and selection of an independent accounta						
	If the organization changed either its oversight process or selection process during the tax year, e.			C			
	Schedule O.	кріаіп	On				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo		I				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			а		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			b			
					200		

REV 03/21/24 PRO Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the	Name of the organization Employer identification number								
	EN SPIRIT					92-1773267			
Part I							ons.		
_	anization is not a private founda		,		-	•			
	A church, convention of churc					0(b)(1)(A)(i).			
	A school described in section		,		•	I\/A\/:::\			
	A hospital or a cooperative hos A medical research organization						(iii) Enter the		
	hospital's name, city, and state:								
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
	A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public		
8 🗌	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10 🗵	An organization that normally receipts from activities related support from gross investment acquired by the organization as	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its		
	An organization organized and	•		-					
12	An organization organized and								
	one or more publicly supported the box on lines 12a through 12								
а	☐ Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ijority of t				
b	☐ Type II. A supporting orgal control or management of organization(s). You must	the supporting o	rganization vested in	the same					
С	Type III functionally integ						ally integrated with,		
d	Type III non-functionally ithat is not functionally integree requirement (see instructionally integree).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an			
е	☐ Check this box if the organ functionally integrated, or ☐	ization received Type III non-func	a written determination	on from the	ne IRS tha	at it is a Type I, Type ion.	e II, Type III		
f E	inter the number of supported of								
g P	rovide the following information	about the supp	orted organization(s).						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)	;)								
Total									

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			•	•	,	
Calen	dar 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.")					216,254.	216,254.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					216,254.	216,254.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						216,254.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6					216,254.	216,254.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
10							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					217 246	217 246
13	Total support. (Add lines 9, 10c, 11, and 12.)					217,346.	217,346.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor						· · · 🔀
15	Public support percentage for 2023 (line 8			13 column (f))		15	%
16	Public support percentage from 2022 Sch		•			16	
	on D. Computation of Investment In				<u> </u>	10	70
17	Investment income percentage for 2023 (oy line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests—2023. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2022. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.						
20	Private foundation. If the organization di	_	_		· · · · · · · · · · · · · · · · · · ·		_

Supporting Organizations Part IV

(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.)

S

-	on A. All Supporting Organizations		Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
l0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struc	tions)
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Pt III Ln 12: Other Income Part III, Line 12 Description: Fundraising 2023: 217346.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** UNBROKEN SPIRIT 92-1773267 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) organization custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Page 2

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

		<u> </u>					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			Golf Tournament (event type)	(event type)	None (total number)	(add col. (a) through col. (c))	
ne			(5.5 5, 5.5)	(5.5 1) [5.5]	(10.131.110.110.01)		
Revenue	1	Gross receipts	278,655.			278,655.	
ď	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	278,655.			278,655.	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs	26,660.			26,660.	
Direct Expenses	7	Food and beverages	4,643.			4,643.	
Dire	8	Entertainment					
	9	Other direct expenses .	30,006.			30,006.	
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)		61,309.	
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		217,346.	
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form	990, Part IV, line 19,	or reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes %☐ No	☐ Yes % ☐ No		
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)			
	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?						
10		Vere any of the organization's g f "Yes," explain:	_		ated during the tax year		

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	_ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UNBROKEN SPIRIT	92-1773267
Pt VI, Line 11b: Copies were provided for review	
Pt VI, Line 19: Posted on Website	