CAHILL & ASSOCIATES PC
4810 RIVERBEND RD
BOULDER, CO 80301
(303) 440-0400
www.cahill-cpa.com

July 17, 2024

PROVIDENCE NETWORK
fka THE EXECUTIVE NETWORK
357 N BROADWAY
DENVER, CO 80203

Dear Derek:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Edward T. Cahill, CPA

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 4/01 , 2023, and ending 3/31 , 20 2024

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer
PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

EIN or SSN
74-2505406

Name and title of officer or person subject to tax

DEREK KUYKENDALL EXEC DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a **Form 990** check here	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,946,930.
2a **Form 990-EZ** check here	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here	[ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here	[ ]	**b Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a **Form 4720** check here	[ ]	**b Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here	[ ]	**b Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CAHILL & ASSOCIATES PC to enter my PIN 03753 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84403896173
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature EDWARD T. CAHILL, CPA Date _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 4/01 , 2023, and ending 3/31 , 20 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK
357 N BROADWAY
DENVER, CO 80203

D Employer identification number
74-2505406

E Telephone number
303-860-8404

G Gross receipts $ 1,946,930.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? If "No," attach a list. See instructions. ☐ Yes ☐ No

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.PROVIDENCENETWORK.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 1987 **M** State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	149
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,684,867.	1,298,228.
9	Program service revenue (Part VIII, line 2g)	604,946.	614,923.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	650.	1,485.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,294.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,290,463.	1,946,930.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,018,198.	1,196,676.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 253,098.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,045,790.	996,020.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,063,988.	2,192,696.
19	Revenue less expenses. Subtract line 18 from line 12	226,475.	-245,766.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,890,135.	9,253,320.
21	Total liabilities (Part X, line 26)	3,148,134.	2,757,085.
22	Net assets or fund balances. Subtract line 21 from line 20	6,742,001.	6,496,235.

Part II Signature Block

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

Sign Here

Signature of officer — Date

DEREK KUYKENDALL — EXEC DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EDWARD T. CAHILL, CPA	EDWARD T. CAHILL, CPA	7/17/24		P00576252

Firm's name: CAHILL & ASSOCIATES PC
Firm's address: 4810 RIVERBEND RD, BOULDER, CO 80301
Firm's EIN: 52-2371528
Phone no. (303) 440-0400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 1,730,810. including grants of $) (Revenue $)

THE ORGANIZATION OPERATES SIX TRANSFORMATIONAL HOUSING PROPERTIES IN DENVER, COLORADO. THIS INCLUDES THREE LEVEL 1 "FIRSTSTEP" TRANSITIONAL HOMES AND THREE LEVEL 2 "NEXTSTEP" COMMUNITIES. SUPPORTIVE SERVICES ARE PROVIDED TO INDIVIDUALS AND FAMILIES IN TRANSITION WHO ARE RECOVERING FROM ADDICTIONS, DOMESTIC VIOLENCE AND/OR HOMELESSNESS. THE FIRSTSTEP PROGRAM PROVIDES SUBSIDIZED HOUSING, FOOD, COUNSELING, SUPPORT GROUPS, LIFE SKILLS DEVELOPMENT, EMPLOYMENT TRAINING, AND HEALTHY SOCIAL ACTIVITIES. THE NEXTSTEP COMMUNITIES OFFER AFFORDABLE RENTS IN A HEALTHY, SOBER LIVING ENVIRONMENT WITH ACCESS TO SUPPORTIVE SERVICES AS NEEDED. ON ANY GIVEN DAY, OUR SIX HOMES CAN SERVE UP TO 160 PEOPLE. IN FY 2023-24 WE SERVED A TOTAL OF 145 MEN, WOMEN AND CHILDREN.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,730,810.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	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**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.**			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	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.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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.	**1a** 7		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b** 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	**9**		X

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**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . . SEE SCHEDULE O	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O	**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 arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THE ORGANIZATION 801 LOGAN STREET DENVER CO 80203 303-860-8404

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW CHAPIN BOARD MEMBER	1 0	X						0.	0.	0.
(2) JERRY MIDDEL BOARD MEMBER	1 0	X						0.	0.	0.
(3) DAVID MILHOLM BOARD MEMBER	1 0	X						0.	0.	0.
(4) KACEY PICKARD PRESIDENT	1 0	X		X				0.	0.	0.
(5) F KEVIN KURTZ BOARD MEMBER	1 0	X						0.	0.	0.
(6) CHAD SCHERER TREASURER	1 0	X		X				0.	0.	0.
(7) KIMBERLY BOLT SECRETARY	1 0	X		X				0.	0.	0.
(8) DEREK KUYKENDALL EXECUTIVE DIRECTOR	40 0				X			0.	0.	0.
(9) ANDY CANNON HOMES DIRECTOR	30 0				X			0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,298,228.			
	g Noncash contributions included in lines 1a-1f	1g	76,626.			
	h **Total.** Add lines 1a-1f		1,298,228.			
Program Service Revenue		Business Code				
	2a RESIDENCE FEES		614,923.	614,923.		
	b VENDING, REBATES, OTHER					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		614,923.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,485.	1,485.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a OTHER REVENUE		32,294.	32,294.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		32,294.			
	12 **Total revenue.** See instructions		1,946,930.	648,702.	0.	0.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	911,284.	631,828.	130,081.	149,375.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,742.	32,810.	6,372.	7,560.
9 Other employee benefits	162,995.	129,655.	16,778.	16,562.
10 Payroll taxes	75,655.	53,269.	10,360.	12,026.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Schedule O.)	42,140.	11,696.	16,270.	14,174.
12 Advertising and promotion				
13 Office expenses	9,870.	6,169.	1,525.	2,176.
14 Information technology				
15 Royalties				
16 Occupancy	246,377.	246,377.		
17 Travel	15,386.	4,600.	8,681.	2,105.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,195.	1,120.	3,103.	972.
20 Interest	100,080.	92,594.	7,486.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	263,119.	263,119.		
23 Insurance	74,061.	72,764.	1,529.	-232.
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.)				
a FOOD/RESIDENCE MEALS	34,307.	34,307.		
b TELEPHONE/INTERNET/CABLE	28,237.	24,645.	1,612.	1,980.
c STAFF DEVELOPMENT	24,675.	20,517.	1,504.	2,654.
d DATABASE & WEBSITE	23,038.			23,038.
e All other expenses	129,535.	105,340.	3,487.	20,708.
25 **Total functional expenses.** Add lines 1 through 24e	2,192,696.	1,730,810.	208,788.	253,098.
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 Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	42,030.	1	31,587.
	2	Savings and temporary cash investments	43,283.	2	35,066.
	3	Pledges and grants receivable, net	26,000.	3	
	4	Accounts receivable, net	7,508.	4	3,990.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,475.	9	22,489.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 11,886,830.			
	b	Less: accumulated depreciation — 10b: 2,739,368.	9,232,318.	10c	9,147,462.
	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	13,264.	14	12,726.
	15	Other assets. See Part IV, line 11	505,257.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	9,890,135.	16	9,253,320.
Liabilities	17	Accounts payable and accrued expenses	218,887.	17	118,793.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,579,581.	23	2,526,006.
	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	349,666.	25	112,286.
	26	**Total liabilities.** Add lines 17 through 25	3,148,134.	26	2,757,085.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	6,697,003.	27	6,327,913.
	28	Net assets with donor restrictions	44,998.	28	168,322.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,742,001.	32	6,496,235.
	33	Total liabilities and net assets/fund balances	9,890,135.	33	9,253,320.

Part 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	1,946,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,192,696.
3	Revenue less expenses. Subtract line 2 from line 1	3	-245,766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,742,001.
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	6,496,235.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
PROVIDENCE NETWORK FKA THE EXECUTIVE NETWORK	74-2505406

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 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) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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.")	1,160,534.	1,809,309.	1,206,894.	1,697,110.	1,298,228.	7,172,075.
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	466,176.	472,734.	521,131.	604,946.	614,923.	2,679,910.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	1,626,710.	2,282,043.	1,728,025.	2,302,056.	1,913,151.	9,851,985.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support.** (Subtract line 7c from line 6.)						9,851,985.

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	1,626,710.	2,282,043.	1,728,025.	2,302,056.	1,913,151.	9,851,985.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	148.	135.	135.	650.	1,485.	2,553.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	148.	135.	135.	650.	1,485.	2,553.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI					32,294.	32,294.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,626,858.	2,282,178.	1,728,160.	2,302,706.	1,946,930.	9,886,832.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.65 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	98.41 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	0.03 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	0.01 %

19a **33-1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

		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		
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.*	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		
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.*	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		
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.*	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		
c	**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		
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.***	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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**	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
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.*	**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	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.***	**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 Organizations

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

Section A – Adjusted Net Income

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

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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		

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	**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).

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

Section D – Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required – *provide details in* ***Part VI***)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – *explain in* ***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: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
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:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
LAUNDRY INCOME/INSURANCE	$ 32,294.				
TOTAL	$ 32,294.	$ 0.	$ 0.	$ 0.	$ 0.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization	**Employer identification number**
PROVIDENCE NETWORK FKA THE EXECUTIVE NETWORK	74-2505406

Organization type (check one):

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. . . . . $ _____

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).

Name of organization: PROVIDENCE NETWORK

Employer identification number: 74-2505406

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 102,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: PROVIDENCE NETWORK

Employer identification number: 74-2505406

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 168,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PROVIDENCE NETWORK	74-2505406

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

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

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

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

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

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

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

Name of organization: PROVIDENCE NETWORK

Employer identification number: 74-2505406

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

Employer identification number

74-2505406

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,209,710.		3,209,710.
b Buildings		5,641,577.	1,492,935.	4,148,642.
c Leasehold improvements		2,711,176.	992,878.	1,718,298.
d Equipment		34,473.	28,158.	6,315.
e Other		289,894.	225,397.	64,497.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				9,147,462.

Part VII Investments — Other Securities

N/A

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

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

Part VIII Investments — Program Related

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, line 13, column (B))*		

Part IX Other Assets

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE	926.
(3) LINE OF CREDIT	80,000.
(4) ROUNDING	3.
(5) TENANT SECURITY DEPOSITS	31,357.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, line 25, column (B))*	112,286.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,954,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	7,760.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	7,760.
3	Subtract line **2e** from line **1**			3	1,946,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,946,930.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,200,456.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	7,760.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	7,760.
3	Subtract line **2e** from line **1**			3	2,192,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,192,696.

Part XIII Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

Employer identification number: 74-2505406

Part I Types of Property

		(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			9,030.	
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods			7,196.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory			14,322.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (BUILDING IMPROV)			46,078.	
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	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.	2023
Department of the Treasury Internal Revenue Service	Go to *www.irs.gov/Form990* for the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
PROVIDENCE NETWORK FKA THE EXECUTIVE NETWORK	74-2505406

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

PROVIDENCE NETWORK IS AN URBAN, TRANSFORMATIONAL HOUSING ORGANIZATION THAT HELPS IMPOVERISHED MEN, WOMEN AND FAMILIES HEAL FROM ADDICTIONS, ABUSE AND HOMELESSNESS TO BECOME SELF-SUFFICIENT, PRODUCTIVE MEMBERS OF THE COMMUNITY. WE ACHIEVE THIS THROUGH A LIVING-IN-COMMUNITY MODEL THAT INCLUDES A 2-YEAR "FIRSTSTEP" TRANSITIONAL HOUSING PROGRAM OF INDIVIDUAL COUNSELING, GROUP THERAPY, VOCATIONAL ASSISTANCE, LIFE SKILLS DEVELOPMENT, SPIRITUAL GROWTH, AND STRICT ACCOUNTABILITY WITH "24/7" LIVE-IN STAFF. GRADUATES ARE ABLE TO CONTINUE THEIR GROWTH IN OUR "NEXTSTEP" DRUG & ALCOHOL-FREE AFFORDABLE AND SUPPORTIVE APARTMENT COMMUNITIES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PROVIDENCE NETWORK IS AN URBAN, TRANSFORMATIONAL HOUSING ORGANIZATION THAT HELPS IMPOVERISHED MEN, WOMEN AND FAMILIES HEAL FROM ADDICTIONS, ABUSE AND HOMELESSNESS TO BECOME SELF-SUFFICIENT, PRODUCTIVE MEMBERS OF THE COMMUNITY. WE ACHIEVE THIS THROUGH A LIVING-IN-COMMUNITY MODEL THAT INCLUDES A 2-YEAR "FIRSTSTEP" TRANSITIONAL HOUSING PROGRAM OF INDIVIDUAL COUNSELING, GROUP THERAPY, VOCATIONAL ASSISTANCE, LIFE SKILLS DEVELOPMENT, SPIRITUAL GROWTH, AND STRICT ACCOUNTABILITY WITH "24/7" LIVE-IN STAFF. GRADUATES ARE ABLE TO CONTINUE THEIR GROWTH IN OUR "NEXTSTEP" DRUG & ALCOHOL-FREE AFFORDABLE AND SUPPORTIVE APARTMENT COMMUNITIES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE REVIEWS FORM 990 AND COMPARES THE RETURN TO THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD CONDUCTS A PERIODIC REVIEW TO DETERMINE THAT THE CONFLICT OF INTEREST POLICY IS BEING FOLLOWED.

Name of the organization PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

Employer identification number 74-2505406

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES. THE BOARD OF DIRECTORS FINANCE COMMITTEE CONDUCTS AN ANNUAL SALARY SURVEY AND PRESENTS RESULTS TO THE BOARD CHAIRMAN WHO LEADS THE EXECUTIVE COMMITTEE IN CONDUCTING THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE REVIEW. OTHER STAFF MEMBERS ARE EVALUATED BY THEIR SUPERVISOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PROVIDES ACCESS TO GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS UPON REQUEST.

PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK 74-2505406

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,730,810.	1,730,810.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	614,923.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
COUNSELING SERVICES	42,140.	11,696.	16,270.	14,174.
TOTAL	$ 42,140.	$ 11,696.	$ 16,270.	$ 14,174.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK & CREDIT CARD CHARGES	5,694.	444.	469.	4,781.
CHARITABLE DONATIONS	259.	-19.	-907.	1,185.
CONTRACT LABOR	6,275.	6,275.		
DIRECT MAIL/FUNDRAISING EXP	4,460.			4,460.
DONATED GOODS - IN-KIND	21,518.	20,321.	1,197.	
DONOR DEVELOPMENT	2,298.			2,298.
DUES & SUBSCRIPTIONS	3,595.	1,867.	1,381.	347.
FUNDRAISING EVENT EXPENSE	3,664.			3,664.
HUMAN RESOURCES	13,143.	10,024.	1,321.	1,798.
POSTAGE AND SHIPPING	276.	61.	26.	189.
PROGRAM EVENTS	13,418.	13,418.		
PROGRAM SERVICES	582.	582.		
PROGRAM SUPPLIES	14,037.	14,037.		
PROGRAM VEHICLE EXPENSE	14,699.	14,699.		
RESIDENT ASSISTANCE	3,763.	3,763.		
SOCIAL MEDIA	1,986.			1,986.
SUPPLIES	19,868.	19,868.		
TOTAL	$ 129,535.	$ 105,340.	$ 3,487.	$ 20,708.

PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

74-2505406

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
	AMORTIZATION															
181	LOAN FEES	12/01/17		16,132							16,132	2,868	S/L	30		538
	TOTAL AMORTIZATION			16,132		0	0	0	0	0	16,132	2,868				538
	AUTO / TRANSPORT EQUIPMENT															
298	CHEVY BOX TRUCK - NEW ENGINE	9/30/21		8,149							8,149	1,019	S/L	10		815
340	1997 CHEVY BOX TRUCK	12/08/03		6,700							6,700	6,700	S/L	5		0
341	PH 2007 CHRYSLER MINIVAN	5/02/13		8,724							8,724	8,724	S/L	5		0
342	JH 2008 CHRYSLER TOWN & COUN	4/11/17		10,900							10,900	10,900	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			34,473		0	0	0	0	0	34,473	27,343				815
	BUILDINGS															
20	801 LOGAN	10/01/91		93,668							93,668	93,668	S/L	30		0
34	#7 JOY HOUSE PURCHASE	8/15/00		725,784							725,784	411,812	S/L	40		18,145
51	WASHINGTON ST BLDG	8/14/06		582,912							582,912	242,869	S/L	40		14,573
67	CLAUSEN HOUSE	10/28/11		591,851							591,851	170,156	S/L	40		14,796
175	SILVER LINING HOUSE - BUI	5/31/18		2,355,409							2,355,409	288,212	S/L	40		58,885
176	CHAMPA HOUSE - BUILDING	6/25/18		1,291,953							1,291,953	147,521	S/L	40		32,299
	TOTAL BUILDINGS			5,641,577		0	0	0	0	0	5,641,577	1,354,238				138,698
	FURNITURE AND FIXTURES															

PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

74-2505406

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
27	#7 REFRIGERATOR	7/14/00		1,799							1,799	1,799	S/L	7		0
28	#7 FREEZER	12/18/00		499							499	499	S/L	7		0
29	#7 OTHER FURN & EQUIPT	12/31/00		4,430							4,430	4,430	S/L	7		0
30	#7 KITCHEN EQUIPT	8/03/00		1,500							1,500	1,500	S/L	7		0
31	#7 FURNITURE	8/03/00		4,385							4,385	4,385	S/L	7		0
32	#7 CONTRIBUTED FURNITURE	8/15/00		40,000							40,000	40,000	S/L	7		0
77	FLAT SCREEN TV - PH	5/01/12		1,248							1,248	1,248	S/L	5		0
89	LANDSCAPE	5/23/12		1,239							1,239	1,239	S/L	5		0
103	RENOVATION UNIT#19-STOVE	11/22/12		485							485	485	S/L	7		0
105	LOBBY-FURNISHINGS	12/23/12		1,366							1,366	1,366	S/L	7		0
129	STOVE/OVEN WITH HOOD	7/22/13		4,607							4,607	4,607	S/L	5		0
155	PH REFRIDGERATOR	4/01/14		7,639							7,639	7,639	S/L	7		0
156	PH CARRIAGE APPLIANCES	4/01/14		275							275	275	S/L	7		0
157	PH A/C WINDOW UNITS	6/30/14		1,230							1,230	1,230	S/L	7		0
158	PH ARTWORK LIGHTING	2/28/14		2,335							2,335	637	S/L	30		78
159	JH ARTWORK LIGHTING	2/28/15		2,835							2,835	774	S/L	30		95
160	CH ARTWORK LIGHTING	2/28/15		1,980							1,980	446	S/L	30		66
161	VH ARTWORK LIGHTING	2/28/15		2,595							2,595	1,334	S/L	30		87
178	SILVER LINING FURNITURE	7/31/18		88,771							88,771	59,005	S/L	7		12,229
179	CHAMPA HOUSE 2ND FLOOR FURNI	4/30/19		2,911							2,911	889	S/L	7		416
180	CLAUSEN HOSUE - FIRE ALAR	3/31/19		1,232							1,232	787	S/L	7		123
183	CH #304 AC UNIT	7/13/17		2,153							2,153	1,021	S/L	15		144
184	JH #7 NEW STOVE	5/31/16		490							490	490	S/L	7		0
185	CCH TV SOUNDBAR	12/31/19		1,419							1,419	677	S/L	7		203
186	PH CARRIAGE SWAMP COOLER	5/31/19		1,470							1,470	481	S/L	12		123
187	SLH LANDSCAPE OUTDOOR FURNI	5/31/19		3,119							3,119	1,375	S/L	7		446
188	SLH WINDOW BLINDS	5/31/19		3,915							3,915	2,096	S/L	7		559

PROVIDENCE NETWORK
FKA THE EXECUTIVE NETWORK

74-2505406

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
189	CH #205 REFRIDGERATOR	3/31/20		1,069							1,069	384	S/L	7		153
190	CH 302 AC UNIT	9/30/19		5,777							5,777	456	S/L	17		340
250	FIRE ALARM	12/31/94		2,925							2,925	2,925	S/L	7		0
251	SLH BASEMENT FINISH	2/29/20		1,941							1,941	739	S/L	7		277
279	JH SMOKE/CARBON MONOXIDE AL	11/01/20		1,257							1,257	304	S/L	10		126
280	JH APPLIANCES 11/2020	11/30/20		1,387							1,387	479	S/L	7		198
281	CHH EXTERIOR IMPROVS	11/20/20		943							943	315	S/L	7		135
282	CH #002 STOVE/DISHWASHER/FR	11/20/20		2,916							2,916	596	S/L	7		417
283	CH #203 STOVE/DISHWASHER	8/31/20		974							974	417	S/L	7		139
284	VH #202 APPLIANCES 11/2020	11/20/20		1,181							1,181	297	S/L	7		169
285	JH A/C UNITS	6/30/21		2,095							2,095	768	S/L	5		419
286	CH #105 - AC UNIT	9/30/21		3,000							3,000	518	S/L	15		200
287	GH SECTIONAL - DENVER CITY FU	10/31/21		1,283							1,283	385	S/L	5		257
288	VH #201 - STOVE, FRIDGE 11/202	11/30/21		1,385							1,385	671	S/L	7		198
333	PH REFRIDGERATOR COMPRESSO	8/31/23		2,246							2,246		S/L	10		150
334	JH NEW STOVES #2 & #14	12/31/23		1,345							1,345		S/L	5		90
335	JH DINING ROOM FURNITURE	3/31/24		3,783							3,783		S/L	7		45
336	SLH FRIDGE & FREEZER	12/31/23		1,464							1,464		S/L	5		98
337	VH STENSLAND PRO PHOTOGRAPH	7/31/23		5,670							5,670		S/L	7		608
338	VH #106 WASHER/DRYER	3/31/24		1,505							1,505		S/L	7		18
339	GH STENSLAND PRO PHOTOGRAPH	7/31/23		3,360							3,360		S/L	7		360
	TOTAL FURNITURE AND FIXTURE			233,433		0	0	0	0	0	233,433	149,968				18,966
	IMPROVEMENTS															
1	KITCHEN IMPROV-BROS REDEV	2/12/93		885							885	885	S/L	30		0
2	KITCHEN FLOORING	2/26/93		1,056							1,056	1,056	S/L	30		0

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3	ROOF REPAIR	9/24/93		1,109							1,109	1,094	S/L	30		15
4	RENOVATION	3/29/94		400							400	291	S/L	40		10
5	RENOVATION	11/10/94		2,925							2,925	2,076	S/L	40		73
6	RENOVATION	12/31/94		2,013							2,013	1,420	S/L	40		50
7	PH BLDG IMPROV #1	3/01/95		9,874							9,874	6,935	S/L	40		247
8	SPRINKLER SYSTEM 1&2	6/01/96		1,412							1,412	943	S/L	40		35
9	FIRE ALARM	11/01/96		850							850	558	S/L	40		21
10	FIRE ALARM HOUSE 1&2	12/01/96		2,121							2,121	1,395	S/L	40		53
11	FIRE DOORS #1	3/01/97		15,509							15,509	10,117	S/L	40		388
12	FENCE	7/03/91		550							550	550	S/L	30		0
13	PLUMBING	10/17/91		638							638	638	S/L	30		0
14	ASBESTOS REMOVAL	7/03/91		385							385	385	S/L	30		0
15	PLUMBING & HEATING SUPPLY	10/17/91		2,000							2,000	2,000	S/L	30		0
16	ASBESTOS REMOVAL	6/14/92		425							425	425	S/L	30		0
17	WEIG CONSTRUCTION	2/22/92		700							700	700	S/L	30		0
18	KIEFT BROTHERS	4/16/92		1,423							1,423	1,423	S/L	30		0
19	KIEFT BROTHERS	8/31/92		1,422							1,422	1,422	S/L	30		0
21	KITCHEN REMODEL #1	7/31/98		19,032							19,032	15,644	S/L	30		634
22	WINDOW #1	12/01/98		5,481							5,481	4,450	S/L	30		183
23	BEDROOM REMODEL #1	10/01/98		5,718							5,718	4,675	S/L	30		191
24	ROOF #1	12/14/98		5,268							5,268	4,278	S/L	30		176
25	NEW ROOF - PH #1	4/15/99		104,091							104,091	64,565	S/L	40		2,602
26	IMPROVEMENTS - JOY HOUSE	3/15/00		63,954							63,954	36,830	S/L	40		1,599
33	#7 REMODELING	8/15/00		160,417							160,417	90,900	S/L	40		4,010
35	PH SPRINKLER	7/26/00		2,464							2,464	2,464	S/L	15		0
37	ELECTRIC UPGRADE JH	10/16/01		523							523	523	S/L	7		0
38	PLUMBING UPGRADE JH	10/01/01		6,110							6,110	6,110	S/L	7		0

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39	BOILER WORK JH	2/05/02		550							550	550	S/L	5		0
40	SECURITY SYSTEM	2/20/02		605							605	605	S/L	5		0
41	REMODEL APTS JH	7/03/01		4,712							4,712	4,712	S/L	15		0
42	ELECTRICAL - JH	9/03/02		4,011							4,011	4,011	S/L	7		0
43	RECIRC./HOT WATER - JH	12/09/02		7,705							7,705	7,705	S/L	7		0
44	CHIMNEY REPLACEMENT - JH	1/30/03		6,500							6,500	6,500	S/L	10		0
45	BATHROOMS - JH	2/01/03		1,625							1,625	1,625	S/L	7		0
46	REMODEL - JH	8/20/03		46,465							46,465	46,465	S/L	10		0
48	PH1 BACKFLOW PREVENTER	10/01/04		500							500	500	S/L	7		0
49	ELECTRICAL IMP- PH1	8/23/05		1,650							1,650	1,650	S/L	10		0
52	SWAMP COOLER-PH1	5/23/06		12,050							12,050	12,050	S/L	15		0
53	ELECTRICAL UPGRADE-PH1	10/03/06		28,308							28,308	28,308	S/L	15		0
59	OTHER IMPROVEMENTS	7/01/07		929							929	365	S/L	40		23
60	FLOORING-JH (FLOORING GP)	5/21/07		557							557	221	S/L	40		14
61	DALE BERKHEIMER	4/28/07		594							594	236	S/L	40		15
62	ROOF - VICTORY HOUSE	10/22/07		17,640							17,640	6,826	S/L	40		441
64	CARPET - PH1	12/27/07		9,073							9,073	9,073	S/L	7		0
65	66 WINDOWS (IN-KIND) JH	12/31/09		73,669							73,669	32,538	S/L	30		2,456
66	36 WINDOWS (IN-KIND)	12/01/10		75,526							75,526	30,900	S/L	30		2,518
69	RENOVATION CH UNIT #101	2/22/12		3,543							3,543	1,328	S/L	30		118
70	RENOVATION CH UNIT #205	2/22/12		2,681							2,681	996	S/L	30		89
71	RENOVATION CH UNIT #301	2/22/12		3,087							3,087	1,150	S/L	30		103
72	PH M-6 RENOVATION	2/22/12		1,517							1,517	566	S/L	30		51
73	JH RENOVATIONS - MULTI	2/22/12		1,074							1,074	313	S/L	40		27
74	RENOVATION VH UNIT #302	3/22/12		4,716							4,716	1,716	S/L	30		157
75	RENOVATION CH - ENTRY STP	3/09/12		3,138							3,138	868	S/L	40		78
76	CH - REKEY BUILDING	3/22/12		4,178							4,178	1,519	S/L	30		139

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78	RENOVATION JH APT#3	5/01/12		2,942							2,942	1,070	S/L	30		98
79	RENOVATION CH UNIT#101	5/01/12		1,163							1,163	424	S/L	30		39
80	RENOVATION CH UNIT#104	5/01/12		5,493							5,493	1,998	S/L	30		183
81	RENOVATION CH UNIT#105	5/01/12		7,424							7,424	2,700	S/L	30		247
82	RENOVATION CH UNIT#201	5/01/12		6,324							6,324	2,302	S/L	30		211
83	RENOVATION CH UNIT#001	5/01/12		4,833							4,833	1,758	S/L	30		161
84	VH COMMUNITY CENTER	5/09/12		20,879							20,879	7,018	S/L	30		696
85	CH WINDOW SCREENS	5/23/12		1,283							1,283	464	S/L	30		43
86	RENOVATION CH UNIT#304	5/23/12		6,572							6,572	2,281	S/L	30		219
87	RENOVATION CH UNIT#003	5/23/12		5,111							5,111	1,788	S/L	30		170
88	CH LOBBY	5/23/12		7,956							7,956	2,674	S/L	30		265
90	RENOVATION PH UNIT#M-6	6/14/12		718							718	250	S/L	30		24
91	RENOVATION UNIT JH #16	6/14/12		638							638	214	S/L	30		21
92	RENOVATION UNIT JH #18	6/14/12		4,355							4,355	1,464	S/L	30		145
93	RENOVATION CH UNIT#107	6/23/12		7,172							7,172	2,410	S/L	30		239
94	RENOVATION CH UNIT#202	6/23/12		3,631							3,631	1,261	S/L	30		121
96	JH COUNSELING AREA	6/27/12		7,992							7,992	2,774	S/L	30		266
97	RENOVATION CH UNIT#102	9/23/12		1,910							1,910	643	S/L	30		64
98	RENOVATION-JH ENTRANCE	10/23/12		1,064							1,064	356	S/L	30		35
99	RENOVATION VH UNIT#101	10/23/12		5,912							5,912	1,987	S/L	30		197
100	RENOVATION VH UNIT#301	10/23/12		4,129							4,129	1,389	S/L	30		138
101	RENOVATION CH UNIT#205	10/23/12		2,367							2,367	796	S/L	30		79
102	RENOVATION CH UNIT#207	10/23/12		3,313							3,313	1,112	S/L	30		110
104	CH ELECTRICAL-RENOVATION	12/05/12		7,721							7,721	2,595	S/L	30		257
106	VH HOT WATER TANK	1/10/13		2,788							2,788	2,788	S/L	7		0
107	RENOVATION VH UNIT#107	2/28/13		3,606							3,606	1,212	S/L	30		120
108	CH IN-KIND RENOVATIONS	3/25/13		131,814							131,814	43,946	S/L	30		4,394

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109	JH WATER MAIN	3/31/13		7,779							7,779	1,038	S/L	30		259
110	RENOVATION - VH COURTYARD	12/31/13		35,296							35,296	11,767	S/L	30		1,177
111	RENOVATION - VH UNIT #207	9/30/13		6,102							6,102	2,033	S/L	30		203
112	RENOVATION - CH LAUNDRY ROOM	12/31/13		5,709							5,709	1,902	S/L	30		190
113	RENOVATION - CH UNIT #203	12/31/13		4,139							4,139	1,380	S/L	30		138
114	CH LAUNDRY ROOM	3/31/14		1,840							1,840	535	S/L	30		61
115	RENOVATION CH UNIT #302	3/31/14		32,144							32,144	9,374	S/L	30		1,071
116	RENOVATION CH UNIT #108	3/31/14		4,428							4,428	1,292	S/L	30		148
117	MAIN PH BOILER	12/12/13		48,004							48,004	14,001	S/L	30		1,600
118	PH CARRIAGE HOUSE BOILER	12/12/13		11,009							11,009	3,211	S/L	30		367
119	JH INSIDE WATER MAIN	10/31/13		8,680							8,680	1,158	S/L	75		116
120	RENOVATION JH UNIT #2	1/31/14		4,754							4,754	1,583	S/L	30		158
121	RENOVATION JH UNIT #11	1/31/14		1,841							1,841	617	S/L	30		61
122	RENOVATION JH UNIT #13	1/31/14		3,167							3,167	1,057	S/L	30		106
123	RENOVATION JH UNIT #14	1/31/14		1,940							1,940	648	S/L	30		65
124	RENOVATION JH UNIT #10	1/31/14		2,539							2,539	848	S/L	30		85
125	RENOVATION JH UNIT #15	2/28/14		4,080							4,080	1,156	S/L	30		136
126	RENOVATION JH UNIT #18	2/28/14		1,347							1,347	386	S/L	30		45
127	RENOVATION JH UNIT #17	3/31/14		3,117							3,117	884	S/L	30		104
134	PH CARRIAGE BATHROOM	1/01/15		5,124							5,124	1,410	S/L	30		171
135	PH NEEP ENERGY IMPROVEMENTS	4/01/14		27,049							27,049	8,116	S/L	30		902
136	PH NEEP CARRIAGE	4/01/14		4,985							4,985	1,495	S/L	30		166
137	JH#1	10/31/14		2,394							2,394	679	S/L	30		80
138	JH #9	10/31/14		1,098							1,098	332	S/L	30		37
139	JH ROOF	2/28/15		5,078							5,078	1,381	S/L	30		169
140	CH #201 - 1 BD	4/01/14		1,578							1,578	701	S/L	30		53
141	CH #208 - 2 BD 2BTH	7/31/13		5,363							5,363	1,783	S/L	30		179

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142	CH #301 - 1 BD	1/01/15		1,617							1,617	445	S/L	30		54
143	CH #303 - 2 BD 2 BTH	2/28/15		10,280							10,280	2,800	S/L	30		343
145	CH PARKING GATE OPERATOR	4/30/14		4,415							4,415	2,628	S/L	15		294
146	VH #102 - 1 BD	2/28/15		5,531							5,531	1,612	S/L	30		184
147	VH #105 - 2 BD	4/30/14		6,426							6,426	1,874	S/L	30		214
148	VH #108 - 3 BD	6/30/14		7,621							7,621	2,223	S/L	30		254
149	VH #201 - 1 BD	2/28/15		5,780							5,780	1,575	S/L	30		193
150	VH #202 - 3 BD	2/28/15		5,864							5,864	1,595	S/L	30		195
151	VH #208 - 3 BD	6/30/14		7,692							7,692	2,243	S/L	30		256
152	VH #304 - 2 BD	6/30/14		1,562							1,562	446	S/L	30		52
153	VH ELECTRICAL	10/31/14		5,160							5,160	2,924	S/L	15		344
154	VH LAUNDRY ROOM	10/31/14		4,528							4,528	1,283	S/L	30		151
162	PH FIRE ALARM PANELS	4/30/15		1,861							1,861	496	S/L	30		62
163	PH RE-KEY ALL UNITS	5/31/15		2,813							2,813	743	S/L	30		94
164	PH WINDOWS	5/31/15		50,959							50,959	13,449	S/L	30		1,699
165	PH ENTRY LEVERS/LOCKS	3/31/16		1,017							1,017	241	S/L	30		34
166	JH #14	3/31/16		1,775							1,775	419	S/L	30		59
167	CH #106 RENOVATION	8/31/15		8,746							8,746	2,091	S/L	30		292
168	CH #107 RENOVATION	9/30/15		3,635							3,635	898	S/L	30		121
169	CH #205 3 BD	3/31/16		6,938							6,938	1,637	S/L	30		231
170	CH 10 YEAR SMOKE ALARM	8/31/15		1,561							1,561	1,196	S/L	10		156
171	VH BOILER 2016	3/31/16		45,565							45,565	10,759	S/L	30		1,519
177	PH ELECTRONIC ENTRY SYSTEM	5/22/18		1,892							1,892	305	S/L	40		47
191	VH STRUCTURAL RENOVATION	7/31/15		8,396							8,396	2,169	S/L	30		280
192	VH FACADE	12/01/19		6,350							6,350	1,958	S/L	10		635
193	VH 302 - 3 BD	12/01/19		4,232							4,232	1,865	S/L	7		605
194	VH 302 3BD	8/22/16		2,806							2,806	609	S/L	30		94

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195	VH 207 1 BD	8/31/18		3,662							3,662	565	S/L	30		122
196	VH 205	11/30/19		4,613							4,613	2,252	S/L	7		659
197	VH 204	4/30/19		12,338							12,338	1,679	S/L	30		411
198	PH WINDOW RESTORATION	3/31/17		84,502							84,502	16,197	S/L	30		2,817
199	PH WINDOWS RESTORATION	3/31/16		59,051							59,051	11,317	S/L	30		1,968
200	JH 10	5/31/19		1,311							1,311	513	S/L	10		131
201	JH 13 CARPET	11/30/18		1,306							1,306	823	S/L	7		187
202	JH 17 RENOVATION	11/22/19		1,456							1,456	897	S/L	5		291
203	JH 18	8/31/16		6,700							6,700	1,451	S/L	30		223
204	JH 3	11/30/19		9,548							9,548	4,660	S/L	7		1,364
205	JH 7	1/31/14		6,414							6,414	2,138	S/L	30		214
206	JH 7 CARPET INSTALL	7/31/16		538							538	519	S/L	7		19
207	JH 9	11/22/16		6,034							6,034	1,240	S/L	30		201
208	JH 11	12/23/16		2,084							2,084	427	S/L	30		69
209	JH SECURITY & LIGHTING	3/31/19		9,812							9,812	1,662	S/L	30		327
210	JH WATER BOOSTER PUMP	3/31/20		1,875							1,875	1,156	S/L	5		375
211	JH BOILER	9/22/16		43,263							43,263	9,253	S/L	30		1,442
212	JH RADIATOR COVERS	8/31/19		3,087							3,087	1,133	S/L	10		309
213	JH BOILER VALVE REPLACEMENT	5/01/18		1,081							1,081	177	S/L	30		36
214	JH METAL WORK	10/12/16		1,418							1,418	295	S/L	30		47
215	JH RADIATORS	1/20/17		1,431							1,431	287	S/L	30		48
216	SLH HVAC IMPROVEMENTS	7/24/18		3,205							3,205	508	S/L	30		107
217	SLH WELDING	7/25/18		2,200							2,200	347	S/L	30		73
218	SLH SECURITY SYSTEM	9/22/18		1,506							1,506	459	S/L	15		100
219	SLH LANDSCAPING	10/31/18		7,680							7,680	1,152	S/L	30		256
220	SLH ROOF	3/31/19		46,150							46,150	6,024	S/L	30		1,538
222	SLH LAUNDRY ROOM	5/31/19		1,487							1,487	187	S/L	30		50

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74-2505406

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
223	CHH INITIAL 2ND FLOOR RENOVAT	3/31/19		15,962							15,962	2,172	S/L	30		532
224	CHH 1ST FLOOR RENOVATIONS	6/30/19		127,533							127,533	26,215	S/L	15		8,502
225	CHH ROOFTOP GUARDRAIL	6/30/19		1,293							1,293	161	S/L	30		43
226	CHH 2ND FLOOR PINKARD INKIND	11/30/18		24,500							24,500	3,608	S/L	30		817
227	CHH BOILER	2/28/19		40,093							40,093	5,567	S/L	30		1,336
228	CH 003 - 2 BD	1/31/19		2,035							2,035	289	S/L	30		68
229	CH 102 - STUDIO	6/30/18		5,059							5,059	816	S/L	30		169
230	CH 103 - 1 BD	8/31/19		5,834							5,834	1,426	S/L	15		389
231	CH 105 - 2 BD	1/31/18		3,775							3,775	672	S/L	30		126
232	CH 302 - 2BD 2 BA	2/01/20		1,821							1,821	561	S/L	10		182
233	CH 304 - 2BD 2 BA	1/31/18		1,623							1,623	284	S/L	30		54
234	CH ROOF	3/31/14		8,000							8,000	1,800	S/L	40		200
235	CH NEW ROOF	3/31/14		36,066							36,066	8,116	S/L	40		902
236	CH STORAGE UNIT	12/31/17		1,758							1,758	314	S/L	30		59
237	CH BACKFLOW PREVENTER	8/31/17		4,240							4,240	800	S/L	30		141
238	CH EXTERIOR DOOR	9/30/18		4,448							4,448	679	S/L	30		148
239	CH PARTIAL ROOF	7/31/19		4,500							4,500	1,125	S/L	15		300
240	VH BACKFLOW PREVENTER	6/27/17		2,256							2,256	426	S/L	30		75
241	VH 102	2/01/20		9,470							9,470	4,172	S/L	7		1,353
242	VH 104	2/22/17		10,126							10,126	1,914	S/L	30		338
243	VH 105 2 BD	11/30/17		1,565							1,565	278	S/L	30		52
244	VH 105 2 BD	3/31/20		1,889							1,889	831	S/L	7		270
245	VH 107 1 BD	7/31/19		2,216							2,216	1,162	S/L	7		317
246	VH 106	8/31/18		2,964							2,964	461	S/L	30		99
247	VH 108	2/28/20		7,751							7,751	3,508	S/L	7		1,107
248	VH 203 - 2 BD	8/22/16		5,352							5,352	1,158	S/L	30		178
249	VH 203	4/30/19		4,421							4,421	601	S/L	30		147

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252	CH 105 - 2BD	3/31/20		1,800							1,800	257	S/L	7		257
253	CH 108 - 1BD	2/22/12		1,518							1,518	516	S/L	7		0
254	VH 101 - 1 BD	3/31/20		1,514							1,514	216	S/L	7		216
255	VH 208 - 3BD	3/31/19		8,010							8,010	2,001	S/L	15		534
258	PH #M-6 LEAD BASED PAINT CLE	8/31/20		3,776							3,776	336	S/L	30		126
259	PH CARRIAGE FLOORING	1/31/21		3,091							3,091	695	S/L	10		309
260	PH BASEMENT ROOMS 2020	1/31/21		9,197							9,197	2,070	S/L	10		920
261	PH MAIN HOUSE RESIDENT ROOM	12/01/20		4,039							4,039	943	S/L	10		404
262	JH #9 2020	8/31/20		4,078							4,078	1,554	S/L	7		583
263	JH #17 2020	8/31/20		2,068							2,068	787	S/L	7		295
264	JH 75 GALLON HOT WATER TANK	8/31/20		2,532							2,532	451	S/L	15		169
265	SLH CHIMNEY CAPS 2020	8/31/20		4,755							4,755	634	S/L	20		238
266	SLH BASEMENT FINISH	8/31/20		3,376							3,376	450	S/L	15		225
267	CHH EXTERIOR IMPROVEMENTS	8/31/20		9,009							9,009	3,003	S/L	7		1,287
268	CH #002	8/31/20		11,681							11,681	1,947	S/L	10		1,168
269	CH #104 - 2 BD	10/31/20		3,084							3,084	1,102	S/L	7		441
270	CH #105 - 2 BD - RENOVATIONS	10/31/20		20,133							20,133	5,995	S/L	7		2,876
271	CH #203 - 1 BD (FY 2020)	8/31/20		2,781							2,781	741	S/L	10		278
272	VH #101 - 1 BD (2020)	5/31/20		1,283							1,283	932	S/L	7		183
274	VH #206 - FY 2020/21	1/31/21		9,101							9,101	2,048	S/L	10		910
275	VH #207 - 1 BD - FY 2020/21	1/31/21		6,548							6,548	1,364	S/L	10		655
276	VH #301 - 1 BD 2020	1/31/21		3,183							3,183	1,099	S/L	7		455
277	VH 1ST FLOOR HALLWAY/STAIRS	1/31/21		10,694							10,694	1,010	S/L	15		713
278	VH HVAC BLOWER	3/31/21		2,819							2,819	840	S/L	7		403
289	JH SEWER LINE	5/31/21		7,050							7,050	450	S/L	30		235
290	GH ROOF, GUTTERS (SMALL BACK	7/31/21		2,975							2,975	347	S/L	15		198
291	CH BOILERS - THROUGH NEEP	3/31/22		42,342							42,342	1,529	S/L	30		1,411

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292	JH BASEMENT OFFICE - PIPE REP	3/31/22		3,769							3,769	345	S/L	20		188
294	VH #202 FY 2021/22	3/31/22		3,713							3,713	248	S/L	15		248
295	VH #204 - FY 21/22	3/31/22		3,712							3,712	371	S/L	15		247
296	VH #303 - FY 21/22	3/31/22		3,394							3,394	226	S/L	15		226
297	VH #304 - 2 BD FY 21/22	3/31/22		6,695							6,695	669	S/L	15		446
299	PH ROOF - NEW MAIN RIDGE SHING	11/01/22		8,300							8,300	173	S/L	20		415
300	JH BASEMENT	7/22/22		2,601							2,601	43	S/L	10		260
301	JH TUCKPOINTING	3/31/23		1,800							1,800	21	S/L	7		257
302	SLH PARKING LOT EXPANSION	8/01/22		2,330							2,330	117	S/L	10		233
303	SLH BACK GATE - NEW ARM SENS	11/01/22		3,030							3,030	126	S/L	10		303
304	VH #104 - 2022 FLOORING	9/01/22		6,928							6,928	269	S/L	15		462
305	VH #201 - 1 BD (2022/23)	6/01/22		1,735							1,735	186	S/L	7		248
306	VH #303 (2021/22)	3/01/22		3,876							3,876	606	S/L	10		388
307	VH CARPET - FRONT STAIRWELL	6/01/22		5,010							5,010	537	S/L	7		716
308	VH 2ND FLOOR ROOF REPLACEME	11/01/22		44,500							44,500	494	S/L	30		1,483
309	CH #202 - STUDIO (2022/23) CAR	1/31/23		2,247							2,247	25	S/L	15		150
310	CH ER/EXIT LIGHTS - NEW	2/02/23		1,313							1,313	15	S/L	15		88
311	CH TUCK POINTING	12/14/22		6,500							6,500	87	S/L	25		260
312	GH UNIT #8 (2022)	10/31/22		5,572							5,572	176	S/L	10		557
313	GH COMMERCIAL SPACE (2023)	1/31/23		7,373							7,373	82	S/L	15		492
314	GH ROOF	11/01/22		111,929							111,929	1,553	S/L	30		3,228
315	JH COMMON AREA RENOVATION	9/01/23		57,028							57,028		S/L	20		1,663
316	JH ELECTRICAL WORK	9/01/23		4,595							4,595		S/L	15		179
317	JH FRONT SECURITY DOOR	3/31/24		6,798							6,798		S/L	20		28
318	SLH BACK GATE - ARM	10/31/23		2,425							2,425		S/L	10		101
319	VH #106 - 23/24 FLOORING & PAIT	10/31/23		7,370							7,370		S/L	15		205
320	VH #201- 1 BD 22/23 & 23/24	7/31/23		2,943							2,943		S/L	7		607

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321	VH #202 23/24	7/31/23		4,108							4,108		S/L	15		183
322	VH #203 23/24	10/01/23		7,791							7,791		S/L	15		173
323	VH #205 23/24	9/30/23		7,764							7,764		S/L	7		555
324	VH WINDOW SILLS 2023	11/01/23		15,000							15,000		S/L	20		313
325	VH SECURITY ALARM LOCKS	9/30/23		1,912							1,912		S/L	10		96
326	VH HOT WATER MOTOR PUMPS	3/31/24		2,527							2,527		S/L	10		21
327	CH #001- BD FLORRONG 23/24	8/31/23		3,460							3,460		S/L	7		288
328	CH HOT WATER STORAGE TANKS	11/30/23		15,600							15,600		S/L	10		520
329	CH SECURITY CAMERA ELECTRICA	3/31/24		1,148							1,148		S/L	15		6
330	GH SECURITY CAMERA ELECTRICA	3/31/24		1,148							1,148		S/L	15		6
331	GH FRONT PORCH	3/31/24		11,935							11,935		S/L	15		66
332	PH 75 GALLON HOT WATER TANK	1/31/24		4,800							4,800		S/L	15		53
	TOTAL IMPROVEMENTS			2,687,492		0	0	0	0	0	2,687,492	865,092				104,102
	LAND															
36	#7 JOY HOUSE LAND	4/21/00		128,079							128,079					0
50	LAND - WASHINGTON ST	8/14/06		214,235							214,235					0
68	LAND - CLAUSEN HOUSE	10/28/11		1,270,571							1,270,571		S/L			0
172	LAND - PROVIDENCE HOUSE	10/01/91		181,825							181,825			30		0
173	LAND - SILVER LINING	5/31/18		690,000							690,000			40		0
174	LAND - CHAMPA HOUSE	6/25/18		725,000							725,000			40		0
	TOTAL LAND			3,209,710		0	0	0	0	0	3,209,710	0				0
	TOTAL DEPRECIATION			11,806,685		0	0	0	0	0	11,806,685	2,396,641				262,581

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	GRAND TOTAL AMORTIZATION			16,132		0	0	0	0	0	16,132	2,868				538
	GRAND TOTAL DEPRECIATION			11,806,685		0	0	0	0	0	11,806,685	2,396,641				262,581