# Form 990

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury

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

Open to Public Inspection

Form 990 (2023)

A	For the 2023 calendar year, or tax year beginning					, 2023, a	and ending	, 20			
_	Check if ap		C Name of organization	Daily Work		, ====,		D Em	ployer identification number		
57	Address ch		Doing business as						13-4336713		
	Name char	0.00		O. box if mail is not delivered	to street address)		Room/suite	E Tele	phone number		
	Initial return	-	105 Univers				0.0000000000000000000000000000000000000		(651) 204-3043		
$\overline{}$		/terminated		ovince, country, and ZIP or fore	ign postal code			G Gro	oss receipts		
Ħ	Amended r		Saint Paul	D. 255	igii pootai oodo			s	348,202		
一		pplication pending F Name and address of principal officer: Julie					H(a)		group return for subordinates? Yes X No		
لسا	пррпоацоп	perialing	Same as C a	CONTROL CONTRO			702	Are all subordin			
1	Tax-exempt	t etatus: X	501(c)(3) 501(c) (		4947(a)(1) or	527	10000		list. See instructions		
	Website:		ly-work.org	) (macreno.)			The second secon	Group exemptio			
-		promise and the second	Corporation Trust	Association Other		L Year of formati		T av	egal domicile: MN		
The same of the sa	rt I	Summar		_ Association _ Other			2000				
W. 67	-		•	nission or most significa	ant activities:	Daily Work's	mission	is to p	artner with people		
	1								tering meaningful,		
Activities & Governance											
naı		supportive relationships. Our vision is that good work is foundational to financial sufficiency (Continued on Schedule O)									
Ver	4 - 8			ion discontinued its ope		ed of more than 25%	6 of its net ass	ets.			
ဗိ	_			governing body (Part VI	Dec 10 10 10 10 10 10 10 10 10 10 10 10 10			3	9		
රු				nbers of the governing I	an annual sancturer	1b)			9		
itie				ed in calendar year 202					7		
ξį			r of volunteers (estimat		32 000 000			6	57		
Ă				rom Part VIII, column (C				7a			
				ome from Form 990-T, I	ST CHEST THE CHEST			10000			
	+	14ct di il ciatos	a pasificas taxable filot	one non rom occ 1, 1	are i, into i i			or Year	Current Year		
	8	Contributions	s and grants (Part VIII,	line 1h)			1110	280,432			
Revenue			vice revenue (Part VIII.	The second second				200,432	0		
				nn (A), lines 3, 4, and 7			1	3	The second secon		
Şe,	0.000			A), lines 5, 6d, 8c, 9c, 1	The second of the second			20,749			
-			e - add lines 8 through				301,184				
		CO. 10 G. 13		Part IX, column (A), line				2,678			
		Benefits paid to or for members (Part IX, column (A), line 4)						2,010	0		
	15		The same of the sa					180,753			
Expenses	16a			IX, column (A), line 11				100,755	0		
ens	h		sing expenses (Part IX		,	34,890		White May			
άX	17			A), lines 11a-11d, 11f-2	4e)	34,890	-	124,328	143,686		
LL.				nust equal Part IX, colu				307,759			
	1		s expenses. Subtract I					(6,575			
5							Beginning (	of Current Year			
Net Assets or	20	Total assets	(Part X, line 16)				Doğumliy	151,514			
Ass	21		s (Part X, line 26)				-	31,050			
Net	22			ract line 21 from line 20				120,464			
	rt II		re Block					120,101	102,544		
Und	ler penaltie , correct, a	es of perjury, I den nd complete. De	clare that I have examined th	is return, including accompan han officer) is based on all info			of my knowledge	and belief, it is			
Sig		Signature of offi	cer					1	Date		
He	re	Juli Type or print nar	e Hoff, Execut	tive Director			St				
		Print/Type pre	eparer's name	Preparer's signature		Date		Check X i	f PTIN		
Pa	id	Elizabe	eth O'Berry	Elizabeth O	Berry	11-01-20	024	self-employed	P00449839		
Pre	parer			O'Berry, CPA	-		Firm's E	770			
Us	e Only			ox 876			Phone n				
				a MN 55303			, none		-867-6441		
May	the IRS	discuss this		er shown above? See in	structions .				X Yes No		
				e separate instruction					Form <b>990</b> (2023)		

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			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	Х	
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	3		35
	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)	4		х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	7	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		v
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	0		Х
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	6		x
_	"Yes," complete Schedule D, Part I	Ŭ		A
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		- 1
8	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			
9	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			
10	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,	0.22		
3.5	VII, VIII, IX, or X, as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			1 7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	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		х
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	45		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	Х
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	10		
47	ANALYSIS IN AND AND AND AND AND AND AND AND AND AN	16	-	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
40	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	40	-	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	+
19	If "Yes," complete Schedule G, Part III	19		v
20~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
b 24		200	-	-
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		v
	Manieste gerenment der att in, odienming, mie 11 il 165, dempete denedale i, l'ansi and il	.21	1	X

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Par	t IV Checklist of Required Schedules (continued)	v	lan	No
		- 1	es	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? If "Yes," complete Schedule J	20		_A
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	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	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		
-	to defease any tax-exempt bonds?	24d		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	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			
b	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			
20	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	V HOLL	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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		- 1	
979	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,"	20		
	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,	- 33		
J=4	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			A
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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	
Pa	rt 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С				
-	reportable gaming (gambling) winnings to prize winners?	1c	x	
EEA		Form	990 (	(2023)

13-4336713 Form 990 (2023) Daily Work Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X h 3a X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X e 7f Did the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract? X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q If the organization received a contribution of cars, boats, airplanes, of other vehicles, did the organization file a Form 1098-C? . . . . . . . . 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? ..... 9a 9b h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 ...... 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a a Gross income from other sources. (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a . . . . . . . . . . If "Yes," enter the amount of tax-exempt interest received or adcrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. Enter the amount of reserves the organization is required to maintain by the states in which 13h the organization is licensed to issue qualified health plans C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 Is the organization an educational institution subject to the sedtion 4968 excise tax on net investment income? X If "Yes." complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069. Form 990 (2023) FFA

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13-4336713 Daily Work Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI 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 Section A. Governing Body and Management Yes No 9 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. 1b Enter the number of voting members included in line 1a, above who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 X Did the organization have members or stockholders? e 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b x Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8h X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 16a with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Minnesota Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Julie Hoff (651)204-3043, 105 University Ave, Saint Paul, MN 55103

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any					(C) sition					
(A)	(B)			neck m	ore th	nan one		(D)	(E)	(F)
Name and title	Average hours per week (list any	of	ficer an		s person is both an a director/trustee)			Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1)Bryan Morben	1.	00	+							
Director		х						0	0	0
(2)Dave Krahn	1	50								
Director		X						0	0	0
(3)Jake Scouvre	2.	00	ĺ					(		
KPI Comm Chair		X						0	0	0
(4)Jane Townsend	1.	50								
Director		Х						0	0	0
(5)Anisha Kinra	1.	50								
DEI Comm Chair		X						0	0	0
(6)Anandhi Chari	1,	00								
Director		X						0	0	0
(7)Mari Jo Long	2.	50								
Chair		х		x				0	0	0
(8)Priya Bhavsar	1,	50								
Secretary		x		x				0	0	0
(9)Anu Pal	1.	50								
Treasurer		X		X				0	0	0
(10)		-								
(11)		-								
(12)		-								
(13)		-								
(14)										
EEA				1					1	Form <b>990</b> (2023

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Form 99										13-4336	713 Page 9
Part \	/111	Statement of Reve									
		Check if Schedule O	conta	ains a res	ponse	e o	r note to any I				(D)
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a						
w	b	Membership dues			1b						
ant	С	Fundraising events			1c		105,662				
9, 6	d										
ar A	е	Government grants (contril			1e						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts									
		and similar amounts not in	cluded	above	1f		242,523				
	g	Noncash contributions incl	uded i	in							
o de la		lines 1a-1f			1g	\$					
g 2	h	Total. Add lines 1a-1f						348,185			
							Business Code				
e,	2a										
ه <u>ک</u>	b					<u>_</u>					
Program Service Revenue	c				-	-		Translation Control of	( - 1 - 3 - 1 - 2 - 2 - 2 - 2 - 1 - 1 - 2 - 2 - 2		
eve	d					L					
g &	е					-					
ď		All other program service re				_					E SVISSENVALEDITOE
	g	Total. Add lines 2a-2f .	-		250				(State 6-18-2-18-10-18)		di Galasidi maake la
	3	Investment income (includir						17			17
		other similar amounts) .						17			1
	4	Income from investment of		200							
	5	Royalties	ĊΤ			i i	(ii) Personal	n kugu Wali ali su Ma			
	62	Gross rents	6a	(i) Rea			(ii) Personal				
		Less: rental expenses	6b								
	1	Rental income or (loss)	6c								
	-	(1000)	00			1					

9									
3	Investment income (includir other similar amounts)		vidends, intere			17			17_
4	Income from investment of	tax-e	exempt bond p	roceeds					
5	Royalties								
			(i) Real		(ii) Personal				
6a	Gross rents	6a							
b	Less: rental expenses	6b			1				
С	Rental income or (loss)	6c							
d	Net rental income or (loss)								
7a	Gross amount from		(i) Securities		(ii) Other				
	sales of assets								
	other than inventory	7a							
b	Less: cost or other basis				E E				
	and sales expenses	7b							
С	Gain or (loss)		1		100				
	Net gain or (loss)								
	Gross income from fundrai								
	events (not including \$	3	105,662						
	of contributions reported or	line							E 1886
				8a					
b	Tangular Salat Salat Shakes and			8b	21,674				
	Net income or (loss) from f					(21,674)			(21,674)
	Gross income from gaming		<b>3</b>						
	activities. See Part IV, line			9a					
b	Less: direct expenses .			9b					
	Net income or (loss) from g								
	Gross sales of inventory, le								Paris Barrier Santo
ıva	returns and allowances			10a		4			
h	Less: cost of goods sold			10b					
	Net income or (loss) from s					are the second second flavor			
	Tree meeting of (1999) monitor		or mironion,		Business Code				
11a									
b									
c				-					
	All other revenue								
	Total. Add lines 11a-11d								
- 1	Total revenue. See instruc	7000				326,528	0	0	(21,657)
14	Total levellue, dec iliatiu	CIOTE		. (1)		320,320	0	0	Form <b>990</b> (2023)
									1 01111 000 (2020)

Miscellanous Revenue

11a

13-4336713

Daily Work

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Do not include amounts reported on lines 6b, 7b, Program service expenses Fundraising Management and general expenses expenses 8b. 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,944 1,944 individuals. See Part IV, line 22 ... Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 3,552 7,104 60,386 71,042 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,326 16,826 111,590 89,438 Other salaries and wages . . . . . . . . . . 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 780 2,102 Payroll taxes . . . . . . . . . . . . 16,386 13,504 10 Fees for services (nonemployees): 11 9,918 9,918 C Professional fundraising services. See Part IV, line 17 . . Investment management fees . . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column 14,755 16,846 11,150 (A), amount, list line 11g expenses on Schedule O.) 42,751 Advertising and promotion 12 15,144 6,133 7,187 13 28,464 Office expenses . . . . . . . . 55 1,657 1,055 14 Information technology . . . . . 2,767 15 803 16 17,400 14,325 2,272 198 45 153 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest . . . . . . . . . . . . 21 22 Depreciation, depletion, and amortization 787 787 23 1,587 192 1,395 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.) Client Support 35,456 34,730 726 1,623 b Organizational Development 4,358 2,547 188 C d All other expenses 0 25 Total functional expenses. Add lines 1 through 24e . . 244,415 65,343 34,890 344,648 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

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

Form 990 (2023)

Part X **Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 115,837 139,203 Cash - non-interest-bearing 2 5,030 5,013 2 3 Pledges and grants receivable, net 3 4 10,000 4,062 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial dontributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 1,907 467 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a 39,980 10c 1,982 2,769 Less: accumulated depreciation . . . . . . . . 10b 37,998 b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . 16 134,756 Total assets. Add lines 1 through 15 (must equal line 33) 151,514 16 4,092 17 6,690 17 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 25,722 26,958 32,412 26 Total liabilities. Add lines 17 through 25 31,050 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 41,354 27 Net assets without donor restrictions 52,529 Net assets with donor restrictions . . . . . . . . . . . . . . . . . . 67,935 60,990 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income or other funds 32 102,344 120,464 151,514 134,756 Form 990 (2023) EEA.

Form 9	990 (2023) Daily Work	13-	4336	6713	Pa	ge 12
Par	t 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		326,	528
2	Total expenses (must equal Part IX, column (A), line 25)		2		344,	648
3	Revenue less expenses. Subtract line 2 from line 1		3		(18,	120)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		120,	464
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		102,	344
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			111 -00		
	Schedule O.				9	
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				DESV.	
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				48	
	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		х
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		
EEA				Fo	m <b>990</b>	(2023)

#### SCHEDULE A (Form 990)

#### 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.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number Name of the organization 13-4336713 Daily Work Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach \$chedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vij. (Complete Part II.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

13-4336713

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 (f) Total (e) 2023 (c) 2021 (d) 2022 (a) 2019 (b) 2020 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 1,348,274 348,186 include any "unusual grants.") .... 253,353 310,182 261,809 174,744 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 ..... 310,182 348,186 1,348,274 174,744 261,809 253,353 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 14,068 shown on line 11, column (f) .... 1,334,206 Public support. Subtract line 5 from line 4 . Section B. Total Support (e) 2023 (f) Total (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 253,353 310,182 348,186 1,348,274 Amounts from line 4 . . . . . . . . . . 174 744 261,809 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from 17 24 similar sources ....... 2 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . Total support. Add lines 7 through 10 11 1,348,298 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 98.95 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 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 16a 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

chedule A (	Form 990) 2023 Daily Work					13-4336713	Page 3
Part III	Support Schedule for Organiza	tions Des	cribed in Sect	ion 509(a)(2	)		
	(Complete only if you checked the	e box on li	ne 10 of Part I	or if the orga	nization failed	d to qualify und	ler Part II.
	If the organization fails to qualify	under the	tests listed belo	ow, please co	mplete Part I	1.)	
ection	A. Public Support						
	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Giff	ts, grants, contributions, and membership fees						
rec	eived. (Do not include any "unusual grants.")						
sol	oss receipts from admissions, merchandise ld or services performed, or facilities inished in any activity that is related to the ganization's tax-exempt purpose						
3 Gr	oss receipts from activities that are not an						
un	related trade or business under section 513						
	x revenues levied for the						
or	ganization's benefit and either paid						
	or expended on its behalf					-	
-	ne value of services or facilities			}			
	rnished by a governmental unit to the						
	ganization without charge						
	otal. Add lines 1 through 5				1		
	mounts included on lines 1, 2, and 3						
	ceived from disqualified persons			-			
	mounts included on lines 2 and 3						
	ceived from other than disqualified						
70	ersons that exceed the greater of \$5,000						
	1% of the amount on line 13 for the year			-			
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from						
III	ne 6.)						
	B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	r year (or fiscal year beginning in)	(a) 2019	(b) 2020	(0) 2021	(d) 2022	(6) 2020	(1)
	mounts from line 6					-	
	ross income from interest, dividends,						
	ayments received on securities loans, rents,						
	yalties, and income from similar sources . nrelated business taxable income (less						
	ection 511 taxes) from businesses	ke .				ì	
	equired after June 30, 1975						
	dd lines 10a and 10b						
	et income from unrelated business						
	ctivities not included on line 10b, whether						
	not the business is regularly carried on						
	other income. Do not include gain or						
	ess from the sale of capital assets						
	Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11,						
	nd 12.)						
	irst 5 years. If the Form 990 is for the o	rganization	's first, second, t	nird, fourth, or	fifth tax year a	s a section 501(	c)(3)
	rganization, check this box and stop her						
	C. Computation of Public Suppo						
	ublic support percentage for 2023 (line			e 13, column (	f))	. 15	(
	ublic support percentage from 2022 Sch						(
	D. Computation of Investment In						

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

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

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	on A. All Supporting Organizations		Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing		100	
1	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
•	Did the organization have any supported organization that does not have an IRS determination of status		\$ I	
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		Commercial Services
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	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	The said		
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Fig. 1
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		7	
	"Yes," and if you checked 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			STATE OF
	despite being controlled or supervised by or in connection with its supported organizations.	4b		arc Section 1
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
640	purposes.	46		
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 <b>Part VI</b> , 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	900000	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
D	designated in the organization's organizing document?	5b	ESBS8VS.	NOT USE AND
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			Mr.
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		201200
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	0		
l.	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		A Reside
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	OL	BEAUTINE !	
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	90	N. Proces	
10a		90		167750
IUd	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		NA TEN
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
D	determine whether the organization had excess business holdings.)	10b		1000
	dotomino information the organization had oxeded badineds findings.	.00		J

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11 a above?	11b	STATE OF THE PARTY	
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		
	provide detail in Part VI.	110		
Section	on B. Type I Supporting Organizations		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	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 <b>Part VI</b> 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,	2		
0 1	supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		Tax	
			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	HSSSH	
2	Were any of the organization's officers, directors or trustees either (i) appointed or elected by the supported	- 55		
_	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 in 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		
	on E. Type III Functionally Integrated Supporting Organizations	- inat	vuotio	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	: IIISU	ucuo	naj.
a 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 <b>Part VI</b> how you supported a government entity (see instructions)	s).		
2	Activities Test. Answer lines 2a and 2b below.	7.	Yes	No
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		158	
	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	2b	EL LOS	Shirt .
3	have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a	1000000	The same of
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2010		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

13-4336713

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	Janiz	ations	lain in Dout M. Car
1 [	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exp	iain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zatior	is must complete Sect	IONS A through E.
Secti	on 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		
Secti	on 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):			the state of the s
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
0.75	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally in	tegrated Type III supp	orting organization
	(see instructions).			The second second
FFA				Schedule A (Form 990) 202

schedule	e A (Form 990) 2023 Daily Work		13-4		713 Page 7
Part '		3) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<b>(1)</b>	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(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	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(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				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	TO THE PARTY OF TH	III. WANTE DE NAVA ANTA DE DIEU PERM		
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	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	[PRODE NEUTRINOS/FEF FERRICA TRANSPORT DE SERVICIONAL ESTADO 2015]			
	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:				
а	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

#### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

ion. Inspection
Employer identification number

	the organization	13-4336713
	WOLK	
Par		ita
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	/b) F
	(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
Par		
	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 a certifie	d historic structure
	Preservation of open space	
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
а	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	on 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
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ents 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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes to	the
	organization's accounting for conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r 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	
	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 sh	
	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, pro	vide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

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Part		llectio	ns of	Art, Hist	orical T	reasures, or	Oth				
3	Using the organization's acquisition, accession, at	nd other	records.	check any	of the follow	wing that make s	signific	cant use of its			
3	collection items (check all that apply):		,	,			-				
а	Public exhibition			d [	Loan or	exchange progra	ım				
b	Scholarly research			e	Other	e e e e e e e e e e e e e e e e e e e					
C	Preservation for future generations			_	_						
4	Provide a description of the organization's collection	ons and	explain h	now they fu	rther the or	ganization's exer	npt p	urpose in Part			
•	XIII.		] •		Service Service Service						
5	During the year, did the organization solicit or rece	eive dona	tions of	art, historic	al treasure	s, or other simila	r				
0	assets to be sold to raise funds rather than to be	maintaine	ed as pa	rt of the org	anization's	collection? .			Yes	□ No	0
Part											
	Complete if the organization and	swered	"Yes"	on Form	990, Pa	rt IV, line 9,	or re	ported an amou	int on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or	other int	ermedia	ry for contr	ibutions or	other assets not					
10	included on Form 990, Part X?						inel action		Yes	□ Ne	0
b	If "Yes," explain the arrangement in Part XIII and										
	See a see							Amou	int		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form						oility?		Yes	N	0
b	If "Yes," explain the arrangement in Part XIII. Che	eck here i	the exp	olanation ha	as been pro	vided on Part XI	11				
Par											
	Complete if the organization and	swered	"Yes"	on Form	1 990, Pa	art IV, line 10	).				_
		a) Current	year	(b) Pric	or year	(c) Two years bac	k	(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										
е	Other expenditures for facilities and										
	programs										_
f	Administrative expenses										_
g	End of year balance										
2	Provide the estimated percentage of the current y	ear end	balance	(line 1g, co	olumn (a)) h	neld as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment%										
C	Term endowment %										
0200	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possessio	n of the o	organizat	tion that are	held and	administered for	the				
	organization by:								2-40	Yes N	Vo
	(i) Unrelated organizations?		100 8 100						3a(i)		_
211	(ii) Related organizations?		300 12 000		dula DO				3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organization								3b		_
Dar.	Describe in Part XIII the intended uses of the org		s endo	wment fund	IS.						
Pai			""	on Form	000 B	art IV/ line 11	0 0	00 Form 000 B	art V I	ine 10	
	Complete if the organization an	06000			T		April 10				
	Description of property	(a)	Cost or oth (investm		Action describes	r other basis other)		Accumulated epreciation	(d) Boo	k value	
1a	Land		V-sac-Seatter				U Pros	- Constantinos			
b	Buildings		-			NESS.					_
C	Leasehold improvements					38,525		36,866		1,65	0
d	Equipment	-				1,455		1,132		32	
e	Other					1,433		1,132		32	٦
	Add lines 1a through 1e. (Column (d) must equal	Form 99	0. Part	X, line 10c.	column (B)					1,98	2
	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				(2)		-	0.1.	D. /E.	1,50	-

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Part VII						
		if the organization answere	700 0111 011	(b) Book value		(c) Method of valuation:
	(a)	(including name of security)		(-)		Cost or end-of-year market value
Financial de	erivatives .					
Closely-held	d equity interes	sts				
Other						
A)						
B)						
C)						
D)						
E)						
(F)						
(G)						
(H)	(h) must equ	al Form 990, Part X, line 12, col.(B)				
art VIII		ents - Program Related				
are vin	Complete	e if the organization answer	ed "Yes" on For	n 990, Part IV,	line 11c. S	ee Form 990, Part X, line 13
	Complete			(b) Book value		(c) Method of valuation:
		(a) Description of investment		(b) Book value		Cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					202001020	
		al Form 990, Part X, line 13, col. (B	))			
(9) otal. (Column	Other As	sets		m 000 Part IV	line 11d S	See Form 990 Part X line 1
(9) otal. (Column	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	See Form 990, Part X, line 1
(9) otal. (Column Part IX	Other As	sets e if the organization answer		m 990, Part IV,	line 11d. S	See Form 990, Part X, line 1
(9)  otal. (Column  Part IX  (1)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
(9) tal. (Column Part IX  (1) (2)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
(9) tal. (Column Part IX  (1) (2) (3)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
(9) tal. (Column Part IX  (1) (2) (3) (4)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
(9)  tal. (Column  Part IX  (1) (2) (3) (4) (5)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
(9) Stal. (Column Part IX  (1) (2) (3) (4) (5)	Other As	sets e if the organization answer	ed "Yes" on For	m 990, Part IV,	line 11d. S	
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(9)  Stal. (Column  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Stal. (Column  Part X	Other As Complete	sets e if the organization answer  (a)  (a)  (a)  (b)  (a)  (a)  (a)  (b)  (a)  (b)  (a)  (c)  (d)	ed "Yes" on For			(b) Book value
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(9)  otal. (Column  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column  Part X  (1) Federal in (2)EIDL Lo (3)Credit (4) (5) (6)	Other As Complete  of (b) must equivalent (b) must equivalent (b) complete line 25.  (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	e if the organization answer  (a)  (a)  (b)  (a)  (c)  (a)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	ed "Yes" on For	m 990, Part IV,		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Cart X  (1) Federal in (2)EIDL Lo (3)Credit (4) (5) (6) (7)	Other As Complete  of (b) must equivalent (b) must equivalent (b) complete line 25.  (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	e if the organization answer  (a)  (a)  (b)  (a)  (c)  (a)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	ed "Yes" on For	m 990, Part IV,		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in (2) EIDL Lo (3) Credit (4) (5) (6) (7) (8)	Other As Complete  of (b) must equivalent (b) must equivalent (b) complete line 25.  (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	e if the organization answer  (a)  (a)  (b)  (a)  (c)  (a)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	ed "Yes" on For	m 990, Part IV,		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ctal. (Column Part X  (1) Federal in (2)EIDL Lo (3)Credit (4) (5) (6) (7) (8) (9)	Other As Complete  of (b) must equivalent (b) complete Complete line 25.  (a) Descriptions (a) Descriptions (a) Cards	e if the organization answer  (a)  (a)  (b)  (a)  (c)  (a)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	ed "Yes" on For	m 990, Part IV,		(b) Book value

Part	Reconciliation of Revenue per Audite	d Financial Statemer	nts With Revenue per	Return
rait	Complete if the organization answered	'Yes" on Form 990, Pa	rt IV, line 12a.	
1	Total revenue, gains, and other support per audited financial	I statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, I			
	Net unrealized gains (losses) on investments		2a	
a	Donated services and use of facilities		2b	
b	Recoveries of prior year grants		2c	
C	Other (Describe in Part XIII.)		2d	
d				2e
e	Add lines 2a through 2d			3
3	Amounts included on Form 990, Part VIII, line 12, but not o			
4	Investment expenses not included on Form 990, Part VIII, in		4a	
a	Other (Describe in Part XIII.)		4b	
b	Add lines 4a and 4b			4c
c	Total revenue. Add lines 3 and 4c. (This must equal Form			5
5 Part		ted Financial Stateme	ents With Expenses pe	er Return
rait	Complete if the organization answered	"Yes" on Form 990, Pa	nt IV, line 12a.	
	Total expenses and losses per audited financial statements			1
1	Amounts included on line 1 but not on Form 990, Part IX, lin			
2	Donated services and use of facilities		2a	
a	Prior year adjustments		2b	
b	Other losses		2c	
c	Other (Describe in Part XIII.)		2d	57
d	Add lines 2a through 2d			2e
e	Subtract line 2e from line 1			3
3	Amounts included on Form 990, Part IX, line 25, but not on	vest or		
4	Investment expenses not included on Form 990, Part VIII, I		4a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
a	Other (Describe in Part XIII.)		4b	
ь				4c
•			7. 5. 7. 7. 6. 6. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
C E				5
5	Total expenses. Add lines 3 and 4c. (This must equal For			5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Formation	m 990, Part I, line 18.)		
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formation	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Formalian Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	
Part Provide	Total expenses. Add lines 3 and 4c. (This must equal For XIII Supplemental Information ethe descriptions required for Part II, lines 3, 5, and 9; Part II	m 990, Part I, line 18.)	es 1b and 2b; Part V, line 4; Par	

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 13-4336713 Daily Work Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations a Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or control of (ii) Activity from activity fundraiser listed in or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

				2
P	a	q	e	4

13-4336713

Part II	Fundraising Events, Com	plete if the organ	ization	answered "Yes" on Forn	990, Part IV, line 18, o	r reported more
	than \$15,000 of fundraising		ons and	gross income on Forn	1 990-EZ, lines I and ob	. List events with
	gross receipts greater than	(a) Event #1 Steps to Su	6	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)		(event type)	(total number)	col. (c))
1	Gross receipts	105	,662			105,662
2	Less: Contributions	105	,662			105,662
3						
4	Cash prizes					
5	Noncash prizes					
6	Rent/facility costs	3	860			3,860
6 7 7 8	Food and beverages	7	018			7,018
8	Entertainment		400			400
9	Other direct expenses	10	,396			10,396
10		1,777	001 00			21,674
11 Part I		ne 10 from line 3, co organization ansv	wered "	Yes" on Form 990, Part	IV, line 19, or reported n	(21,674) nore than
	\$15,000 on Form 990-EZ,			(b) Pull tabs/instant		(d) Total garning (add
Kevenue		(a) Bingo	-	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1	1 Gross revenue					
2	2 Cash prizes					
3	Noncash prizes					
Direct Expenses	4 Rent/facility costs					
5	5 Other direct expenses					
6	6 Volunteer labor	Yes No	%	Yes %	☐ Yes % ☐ No	
7	7 Direct expense summary. Add lin	es 2 through 5 in co	olumn (d)			
8	Net gaming income summary. Su	ubtract line 7 from lin	ne 1, colu	umn (d)		
9	Enter the state(s) in which the organi.	zation conducts gan	ning activ	vities:		
	Is the organization licensed to conduct If "No," explain:	ct gaming activities i	n each o	f these states?		···· Yes 🗌 N
	Were any of the organization's gamin If "Yes," explain:	g licenses revoked,	suspend	led, or terminated during the	tax year?	· · · · Yes N
EA						Schedule G (Form 990) 2

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
Daily Work	13-4336713
01. Form 990 governing body review (Part V	VI, line 11)
or. Total 550 governing and	
The Form 990 was made available to the boa	ard of directors in advance of a monthly board
meeting for board members to review the do	ocument and ask questions. At the monthly board
meeting the board voted to approve and sub	bmit the Form 990.
meeting one boats voods of approve	
02. Conflict of interest policy compliance	e (Part VI, line 12c)
All members of the board of directors are	made aware of the conflict of interest policy
upon joining the board and it is reviewed	annually.
upon joining the boatd and it is leviewed	umuuz y •
03. CEO, executive director, top management	nt comp (Part VI, line 15a)
The compensation of the Executive Directo	r is reviewed by the Executive Committee of the
board of directors and is compared to the	compensation of comparable organizations.
04. Governing documents, etc, available t	o public (Part VI, line 19)
Governing documents, such as the conflict	of interest policy are available upon request.
Man filings appeal paperts and statistic	n are available on our websites daily-work org
Tax filings, annual reports and statistic	s are available on our website: daily-work.org
05. List of other fees for services expen	ses (Part IX, line 11g)
Client tracking software (Program) \$11,15	0
Mindian (Maluna annultina (Mag)	-
Mission/Values consulting (M&G) \$ 1,70	p
Capacity Building Consultant (FR) \$14,15	3
Fundraising Tracking (FR) \$ 2,31	8
06. General explanation attachment	
Form 990, Part I, Line 1 continued:	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Daily Work	13-4336713
and a holistic life experience.	
The activities that make up our holistic	support program include:
- One-to-one case management that support	s people in obtaining quality work and addressing
needs that impact employment and quality	of life.
	gers to be effective in roles and for interns to
enhance their proficiency in the values,	skills, and knowledge of the social work field,
preparing them for professional practice.	
- Advocacy with employers to raise awaren	ess about systemic barriers to employmment and
co-create more equitable employment pract	ices.
-Our volunteer tech squad delivers laptop	s, connects WIFI, and teaches basic-use skills,
to help bridge the digital divide.	. Form 990, Section
III, Line 4a:	
7. Supported 24 people with getting a dri	ver's permit or license, with 11 obtaining a
license and 8 acquiring their permit.	
8. Supported 34% of job seekers in finding	g new employment with an average wage of \$19.09
per hour.	
EEA	Schedule O (Form 990) 2023

# 4562 Form

Department of the Treasury

Internal Revenue Service

## Depreciation and Amortization

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return FORM 990 - 1 13-4336713 Daily Work Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ..... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (c) Elected cost 6 (b) Cost (business use only) (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . . 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions. . . . . . . 15 Property subject to section 168(f)(1) election . . . 16 485 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 302 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (business/investment use only-see instructions) (e) Convention (a) Classification of property placed in service 19a 3-year property 5-year property b 7-year property C 10-year property 15-year property e 20-year property SI 25-year property 25 yrs. S/L 27.5 yrs. MM Residential rental SIL 27.5 yrs. MM property MM S/L 39 yrs. i Nonresidential real S/L MM property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20a Class life b 12-year 12 yrs. S/L S/L 30 yrs. MM 30-year S/L 40 yrs MM d 40-year Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . 22 787 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

# (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

and attach

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or 13-4336713 print Number, street, and room or suite no. If a P.O. box see instructions. File by the due date for 105 University Ave W City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See Saint Paul MN 55103 instructions Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . . . Return Application Is For Return Application Is For Code Code 09 01 Form 4720 (other than individual) Form 990 or Form 990-EZ 10 03 Form 5227 Form 4720 (individual) 11 Form 6069 04 Form 990-PF 12 05 Form 8870 Form 990-T (sec. 401(a) or 408(a) trust) 13 Form 5330 (individual) Form 990-T (trust other than above) 06 Form 5330 (other than individual) 14 Form 990-T (corporation) 07 Form 1041-A · After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Julie Hoff, 105 University Ave Saint Paul MN 55103 Telephone No. 651-204-3043 Fax No. If the organization does not have an office or place of business in the United States, check this box . If this is • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)

1	I request an automatic 6-month extension of time until 11-15, 20 24, to file the exe	mpt o	rganization return fo
	the organization named above. The extension is for the organization's return for:		
	x calendar year 20 23 or		
	tax year beginning , 20 , and ending		_, 20
2	If the tax year entered in line 1 is for less than 12 months, check reason:   Initial return Final Change in accounting period	al retur	n
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$
or Pr	ivacy Act and Paperwork Reduction Act Notice, see instructions.	F	orm 8868 (Rev. 1-2024)

a list with the names and TINs of all members the extension is for.