Form **990**

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: PRISON ENTREPRENEURSHIP PROGRAM, INC. 20-1384253 Name change PEP Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 281-779-2116 Final return/ 6501 NAVIGATION BLVD H7 3,821,603. termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ HOUSTON, TX 77011-1367 Amended return H(a) Is this a group return Yes X No F Name and address of principal officer: CHIP for subordinates? L Applica-SKOWRON pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 527 4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.PEP.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Year of formation: 2004 M State of legal domicile: TX Association Other Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO UNITE EXECUTIVES AND INMATES Activities & Governance THROUGH ENTREPRENEURIAL PASSION AND SERVANT LEADERSHIP TO TRANSFORM oxed if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 40 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 746 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 3,951,531. 3,440,736. Contributions and grants (Part VIII, line 1h) Revenue 186,909. 219,027. Program service revenue (Part VIII, line 2g) 9 20,280. 85,555. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,708. 58,623. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4.174.428. 3,803,941. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,822,538. 2,185,831. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,279,317. 1,880,906. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,066,737. 3,101,855. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,072,573. -262,796. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 50 Assets (Balanc 7,182,975. 6,700,097. 20 Total assets (Part X, line 16) 1,944,071. 1,665,268. 21 Total liabilities (Part X, line 26) let. 5,238,904. 5,034,829. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign TAXPAYER COPY TIM HAMILTON, CFO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 06/24/24 self-employed P01592842 Paid NANCY A. MACK Firm's EIN 82-2488343 PITTSFORD SAMUELS Preparer Firm's name Firm's address 1776 YORKTOWN SUITE 530 Use Only Phone no. (713) 977-6888 HOUSTON, TX 77056 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

| Pa | Statement of Program Service Accomplishments |
|---------------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: TO UNITE EXECUTIVES AND INMATES THROUGH ENTREPRENEURIAL PASSION AND |
| | SERVANT LEADERSHIP TO TRANSFORM LIVES, RESTORE FAMILIES AND REBUILD |
| | |
| | COMMUNITIES. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| • | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | If "Yes," describe these changes on Schedule O. |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 40 | 2.766.942 |
| 4a | (Code:) (Expenses \$ |
| | TALENT TO CONSTRUCTIVELY REDIRECT INMATES' AMBITIONS BY EQUIPPING THEM |
| | WITH VALUES BASED TRAINING IN ENTREPRENEURSHIP; THUS ENABLING THEM TO |
| | PRODUCTIVELY RE- ENTER SOCIETY. THIS INCLUDES A FIVE MONTH BUSINESS |
| | PLAN COMPETITION IN PRISON AND A RANGE OF POST-RELEASE PROGRAMS, |
| | INCLUDING HOUSING ASSISTANCE, WORK READINESS SERVICES, CONTINUING |
| | EDUCATION, EXECUTIVE MENTORING AND BUSINESS START UP ASSISTANCE. |
| | DURING THE CURRENT YEAR, 1,167 INDIVIDUALS PARTICIPATED IN THE PROGRAM |
| | IN HOUSTON, DALLAS, CLEVELAND, AND VENUS TEXAS. |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 200,134. including grants of \$) (Revenue \$164,992.) |
| _ | OPERATION OF HOUSTON CALEB HOUSE, LLC, WHICH OWNS AND OPERATES PROPERTY |
| | TO BE USED AS RELIABLE HOUSING AVAILABLE TO EX-OFFENDERS UPON THEIR |
| | RELEASE. DURING THE YEAR, 214 INDIVIDUALS WERE PROVIDED HOUSING. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$520,167. including grants of \$) (Revenue \$54,035.) |
| | OPERATION OF ENTRE CAPITAL, LLC, A PRIVATE, COMMERCIAL LENDER FOR |
| | ALUMNI OF PRISON ENTREPRENEURSHIP PROGRAM AND OTHER RETURNED CITIZEN |
| | BUSINESSES. DURING THE YEAR, ENTRE ORIGINATED 20 LOANS TO RETURNED |
| | CITIZEN BUSINESSES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| _ | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,487,144. |
| 4e | Total program service expenses 3,487,144. Form 990 (2023) |
| | 10111 + + (E0E0) |

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INC.

Form 990 (2023) INC.
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| • | If "Yes." complete Schedule A | 1_1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| · | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | 1975 |
| 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 | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | , | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X_ |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | v |
| | 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 | | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 444 | | х |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | x | |
| | Schedule D, Parts XI and XII | IZa | ** | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12b | x | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 13 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 14a | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | . 10 | | |
| D | 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | _X_ |
| 20a | The state of the s | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | _X_ |

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| orn | n 990 (2023) INC. 20-1384 | 253 | F | age |
|-----|---|-----|------|-----|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | N |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | l |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | _ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | I |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | ١ |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | _ | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | l | | |
| | any tax-exempt bonds? | 24c | - | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l . |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | OFF | | x |
| | Schedule L, Part I | 25b | | ^ |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| ~~ | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 20 | | |
| 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 | 27 | | x |
| 20 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | EI | 1911 | |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | THE | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### This rections for applicable ming thresholds, conditions, and exceptions. | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | 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 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 37 |
| | 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 | | | X |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 88 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 30 | 43 | |
| | 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 | | 3.8 | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | 17. | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | - | |
| | (gambling) winnings to prize winners? | 1c | | |

PRISON ENTREPRENEURSHIP PROGRAM, 20-1384253 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 40 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b |f "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... **7**g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes." see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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14a

14b

X

X

X

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|--|--|--------|--------|----|--|--|--|--|
| Sec | ction A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | I ES | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | TET! | | | | | |
| þ | Enter the number of voting members included on line 1a, above, who are independent 1b | | 723 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | |
| | more members of the governing body? | 7a | | Х | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; | W. | | | | | | |
| а | The governing body? | 8a | Х | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | This Section is requests information about policies not required by the internal revenue Gode.) | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| l1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | | | | | |
| | 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 | х | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 7 | | | | | | |
| Ū | on Schedule O how this was done | 12c | x | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | | | | | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 5 | 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? | | 113.0 | | | | | |
| я | The organization's CEO, Executive Director, or top management official | 15a | х | | | | | |
| | Other officers or key employees of the organization | 15b | X | | | | | |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | 137 | 3 | | | | |
| ĥа | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | 100 | | | | | |
| oa | to the same of the | 16a | | Х | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | | | | | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | |
| ec | tion C. Disclosure | 100 | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed | | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | nlv) = | vailah | le | | | | |
| _ | for public inspection. Indicate how you made these available. Check all that apply. | ,, 6 | | | | | | |
| | Own website Another's website Upon request Other (explain on Schedule O) | | | | | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | inano | ial | | | | | |
| 3 | statements available to the public during the tax year. | aiiC | null | | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | |
| | TIM HAMILTON - 281-779-2116 | | | | | | | |
| | 6501 MANITCARTON PLUD CUITRE UT HOUGHON MY 77011_1367 | | | | | | | |

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

| Check this box if neither the organ | | orga | niza | | | nper | nsate | ed any current officer, d | irector, or trustee. | |
|-------------------------------------|--|--------------------------------|----------------------------|----------|--------------|------------------------------|--------|---|---|--|
| (A) Name and title | (B) Average | (C) Position | | | | | | (D) | (E) | (F) |
| Name and title | hours per week | box | not c , unle icer ar | ss pe | rson | is bot | n an | Reportable compensation | Reportable compensation from related | Estimated amount of |
| (1) pampi dy comowy | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) PATRICK GOTCHER | 5.00 | | | | | | | _ | | |
| CHAIRMAN | | X | | Ш | | | | 0. | 0. | 0. |
| (2) ROBERT BARKLEY | 5.00 | | | | | | | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (3) LISA BARKSDALE | 5.00 | | | | | | | _ | | |
| BOARD MEMBER | F 00 | Х | | - | | | | 0. | 0. | 0. |
| (4) OLIVER BELL | 5.00 | | | | | | | | _ | |
| BOARD MEMBER (5) CHARLES BLAIN | F 00 | Х | | - | | | _ | 0. | 0. | 0. |
| BOARD MEMBER | 5.00 | | | | | | | | _ | |
| (6) DOUGAL CAMERON | 5.00 | X | \dashv | - | _ | | - | 0. | 0. | 0. |
| BOARD MEMBER | 3.00 | x | | | | | | 0. | _ | • |
| (7) TRAVIS CHULICK | 5.00 | Δ | - | \dashv | - | | - | 0. | 0. | 0. |
| BOARD MEMBER | 3.00 | x | | | | | | 0. | 0. | 0 |
| (8) MIKE COFFEY | 5.00 | 21 | | \dashv | | | \neg | 0. | 0. | 0. |
| BOARD MEMBER | 3.00 | x | | | | | | 0. | 0. | 0. |
| (9) JAVIER CREIXELL | 5.00 | | | \dashv | | | | | - 0. | 0. |
| BOARD MEMBER | | x | | - 1 | | | | 0. | 0. | 0. |
| (10) STEVE HEUSSNER | 5.00 | | \neg | 7 | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (11) CHARLES "MACK" NEFF | 5.00 | | | \neg | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (12) ALLISON SCHLENDER | 5.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (13) BRYAN KELLEY | 39.00 | | | | | | | | | |
| CEO | 1.00 | | | X | | | | 130,529. | 0. | 3,016. |
| (14) PHI TRAN | 39.00 | | | | | | | | | |
| C00 | 1.00 | | | X | | | | 132,538. | 0. | 3,976. |
| (15) TIM HAMILTON | 39.00 | | | | | | | | | |
| CFO | 1.00 | + | - | X | - | + | + | 142,607. | 0. | 4,278. |
| | | | | | | | | | | |
| | | | | | | \neg | | | | |
| | | | | | | | | | | |

| orm 990 (20 | PRISON E | NTREPREN | Ά | JRS | ні | P | PR | OG | FRAM, | 20-138 | 3425 | 3 | Page 8 | |
|-------------|--|--|--------------------------------|-----------------------|----------------------|-----------------------|------------------------------|--------|---|---|----------|--|----------------------|--|
| - | Section A. Officers, Directors, Tru (A) | stees, Key Emp | oloy | ees, | | d Hi | ghes | st C | ompensated Employee | | | (F) | | |
| | Name and title | Average hours per week | box | not c | Pos heck ss pe | itior more rson | than is both | h an | Reportable compensation from | Reportable compensation from related | - 1 | Estimated amount of other | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | , o | mpens from t rganiza and rela ganiza | the ation ated | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | 4 | | | |
| | | | | | | | | | | | 4 | | | |
| | | | | | | | | | | | - | | | |
| b Subtota | al | | | | | | | | 405,674. | 0 | . 1 | L1,2 | 70. | |
| | om continuation sheets to Part V | II, Section A | | | | | | | 0. 405,674. | 0 | | L1,2 | 0. 270. | |
| Total nu | umber of individuals (including but resation from the organization | | | | | | | | ceived more than \$100,0 | 000 of reportable | | | 3 | |
| Did the | organization list any former officer | , director, truste | e, k | ey e | mple | oyee | e, or | high | nest compensated emplo | oyee on | | Yes | No | |
| | If "Yes," complete Schedule J for sindividual listed on line 1a, is the se | | | | | | | | | | 3 | | X | |
| | ted organizations greater than \$150 person listed on line 1a receive or | | | • | | | | | | | 4 | | X | |
| | d to the organization? If "Yes." con | nolete Schedule | J fo | rsu | ch n | erso | on | | | | 5 | | X | |
| • | te this table for your five highest co unization. Report compensation for | = | | | | | | | | • | sation f | om | | |
| | (A) Name and business | address | NO | NE | | | | | (B) Description of se | ervices | Comp | C) ensatio | on | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | | |

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

0

\$100,000 of compensation from the organization

Form **990** (2023)

Form 990 (2023)
Part VIII Statement of Revenue

| | | | Check if Schedule O | con | tains a re | sponse | or note to any li | ne in this Part VIII | | | |
|------------------------------|------|------------------------|-----------------------------------|----------------------|------------|--------------|-------------------|----------------------|--|--------------------------------------|--|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| st t | 2 1 | 1 a | Federated campaigns | | | la | | | THE PURSE | | |
| Contributions, Gifts, Grants | - | b | Membership dues | | | lb | | | | | |
| Q. | 1 | С | Fundraising events | | | lc | | | | | |
| # 1 | | d | Related organizations | | | ld | | | | | |
| S, | | е | Government grants (cont | ribut | ions) [1 | le | | | | | |
| ion | 2 | f | All other contributions, gifts, | , gran | its, and | | | | | | |
| The state | 4 | | similar amounts not include | d abo | ve 1 | f 3 | ,440,736. | | | | |
| E | | g | Noncash contributions included in | lines | 1a-1f 1 | g \$ | 42,538. | | | Market Street | |
| 0 | _ | h | Total. Add lines 1a-1f | | | 4.4.2 | | 3,440,736. | | | |
| | | | | | | | Business Code | | | | |
| ф | 2 | a | | | | | 531110 | 164,992. | 164,992. | | |
| Ž | | b | INCOME ENTRE | COME ENTRE NOTES REC | | 522291 | 54,035. | 54,035. | | | |
| Se | | C | | | | | | | | | |
| am | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| ₫ | | f | All other program service | reve | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 219,027. | | | |
| | 3 | | Investment income (include | ding | dividend | s, intere | est, and | | | | |
| | | other similar amounts) | | | | | | 78,942. | | | 78,942. |
| | 4 | | Income from investment of | of tax | -exempt | bond p | proceeds | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | | | (i) F | eal | (ii) Personal | | | | 1.5 |
| | _ | | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | Fig. 4 Venue | | | HE SENDING |
| | | | Rental income or (loss) | 6c | | | | | The state of the s | | |
| | | d | Net rental income or (loss) | ز | | | | | | | |
| | 7 | а | Gross amount from sales of | | (i) Seci | | (ii) Other | | E 257 ALM 1 | | |
| | | | assets other than inventory | 7a | 17, | <u> 275.</u> | 7,000. | | | | |
| | | þ | Less: cost or other basis | | | | | | | | |
| anc. | | | and sales expenses | | 17,0 | | | | | | |
| Other Revenue | | | Gain or (loss) | 7c | | 387. | | | | | |
| 8 | | | Net gain or (loss) | | | | | 6,613. | 6,613. | | |
| he | 8 | | Gross income from fundraising | | - | | | | | | |
| ō | | | including \$ | | | | | | | | |
| | | | contributions reported on | | | | | | | 1.5 | |
| | | | Part IV, line 18 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Net income or (loss) from t | | • | | | | | | |
| | 9 | | Gross income from gaming | - | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | |
| | | | Less: direct expenses | | | | - | | | ETENTED | |
| | | | Net income or (loss) from g | - | _ | ies | | | | | |
| | 10 8 | | Gross sales of inventory, le | | | | l I | | | | |
| | | | and allowances | | | | | | | | |
| - 1 | | | Less: cost of goods sold | | | | | | | | esport Carlotte |
| \dashv | | <u>c</u> | Net income or (loss) from s | ales | ot inven | ory | Business Code | | - Cale Trans. | | |
| S | 44 | _ | FORGIVENESS OF | 2 T | ਪਾਰਤਾ(| | 999999 | 46,126. | 16 126 | | |
| 160 E 60 | 11 a | | OTHER INCOME | | /ED1 | | 611710 | 12,497. | 46,126. | | |
| Scellaneous | | | OTHER PROOFIE | | | | 011/10 | 14,43/0 | 14,471. | | |
| B | | d | All other revenue | | | | - I | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | 58,623. | | | |
| | 12 | | Total revenue. See instruction | | | | | 3,803,941. | 284,263. | 0. | 78.942. |

Part IX | Statement of Functional Expenses

| | Check if Schedule O contains a respon- | | | (C) | L |
|---|--|--|------------------------------|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | The state of the s | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 405,674. | 289,692. | 96,403. | 19,579 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,398,250. | 1,178,255. | 75,629. | 144,366 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 36,322. | 29,317. | 3,587. | 3,418 |
| 9 | Other employee benefits | 208,439. | 168,240. | 20,583. | 19,616 |
| 0 | Payroll taxes | 137,146. | 110,482. | 11,790. | 14,874 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 6,228. | | 6,228. | |
| C | Accounting | 14,300. | | 14,300. | |
| d | Lobbying | | | | |
| е | 5 4 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | URICOTE E E | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 1,494. | 1,494. | | |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | 104,858. | 97,438. | 3,799. | 3,621 |
| 4 | Information technology | 119,182. | 114,507. | 2,393. | 2,282 |
| 5 | Royalties | | | | • |
| 6 | Occupancy | 344,463. | 305,576. | 19,910. | 18,977 |
| 7 | Travel | 74,169. | 62,166. | 6,146. | 5,857 |
| 8 | Payments of travel or entertainment expenses | | | , = | -,, |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 28,392. | 28,392. | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 293,596. | 268,462. | 12,869. | 12,265. |
| 3 | Insurance | 50,848. | 43,963. | 3,525. | 3,360. |
| 1 | Other expenses. Itemize expenses not covered | | | | 2,200 |
| | above. (List miscellaneous expenses on line 24e. If | The Market of the Control of the Con | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | THE WAY TO SHARE | |
| | BAD DEBTS | 243,826. | 243,826. | | |
| | OTHER CONTRACTUAL | 194,441. | 163,541. | 15,822. | 15,078. |
| | EVENTS | 134,123. | 124,530. | 4,912. | 4,681. |
| | OTHER | 62,316. | 57,056. | 2,693. | 2,567. |
| | All other expenses | 208,670. | 200,207. | 4,334. | 4,129. |
| | Total functional expenses. Add lines 1 through 24e | 4,066,737. | 3,487,144. | 304,923. | 274,670. |
| | Joint costs. Complete this line only if the organization | | -,, | 304/3231 | 2/3,0/0. |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 713,246. 551,130. Cash - non-interest-bearing 701,168. 2,307,721. 2 Savings and temporary cash investments 2 253,087. 697,830. 3 3 Pledges and grants receivable, net 51,100. 124,809. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, 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) 775,939. 689,157. 7 7 Notes and loans receivable, net 8 Inventories for sale or use 69,631. 55,924. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,898,910. basis. Complete Part VI of Schedule D _____ 10a 2,646,299. 1,252,611. 2,829,113. b Less: accumulated depreciation _______10b 10c 1,414,918. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 1,000. 1,000. 15 Other assets. See Part IV, line 11 15 6,700,097. 7,182,975. Total assets. Add lines 1 through 15 (must equal line 33) 16 224,637. 249,805. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 364,512. 344,080. 23 Secured mortgages and notes payable to unrelated third parties 23 170,780. 294,495. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 925,771. 1,035,259. 25 of Schedule D 1,665,268. 1,944,071. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 4,781,742. 4,507,361. 27 27 Net assets without donor restrictions 731,543. 28 253,087. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 5,238,904. 5,034,829. 32 Total net assets or fund balances 32 7,182,975. 6,700,097. 33 Total liabilities and net assets/fund balances

PRISON ENTREPRENEURSHIP PROGRAM,

| | n 990 (2023) INC. | 20- | 1384253 | Pa | age 12 | | |
|----|--|--------|---------|-----|--------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,80 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,06 | 6,7 | 37. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -26 | 2,7 | 96. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,23 | 8,9 | 04. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | | 6 | | | | | |
| 7 | | 7 | | | | | |
| 8 | | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 5 | 8,7 | 21. | | |
| 10 | Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Total expenses Total expenses (must equal Part IX, column (A), line 25) Description of the column (B) (losses) on investments Total expenses (must equal Part IX, line 32, column (A)) Net unrealized gains (losses) on investments End of the unrealized gains (losses) on investments Total expenses (must equal Part X, line 32, column (B)) Net unrealized gains (losses) on investments End of the unrealized ga | | | | | | |
| | 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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | | | | | | |
| Pa | rt 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 | | | | 10 | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | 100 | 100 | | |
| 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, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | - 1 | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | 1200 | | 4 | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | = 7 | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | |
| | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X | | |
| h | If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | | | |

Form 990 (2023)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PRISON ENTREPRENEURSHIP PROGRAM, **Employer identification number** INC. 20-1384253 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. ☐ 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) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

332021 12-21-23

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|-----------------------|----------------------------|---|---|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | | | | * * * | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2378475. | 3024015. | 3039667. | 3951531. | 3440736. | 15834424. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2378475. | 3024015. | 3039667. | 3951531. | 3440736. | 15834424. |
| 5 | The portion of total contributions | | Elivery 57 | | | THE STATE OF | |
| • | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | The way | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 818,541. |
| 6 | Public support. Subtract line 5 from line 4. | | | | THE RESERVE | | 15015883. |
| | ction B. Total Support | | | | | *************************************** | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 2378475. | 3024015. | 3039667. | 3951531. | | 15834424. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | 17/ | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 217,086. | 230,961. | 170,249. | 207,159. | 297,969. | 1123424. |
| 9 | Net income from unrelated business | | | | | | ======================================= |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | 1967 | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 14,671. | 6,623. | 8,915. | 15,708. | 58,623. | 104,540. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 17062388. |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | |
| | First 5 years. If the Form 990 is for th | | | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| | organization, check this box and stor |) here | | | | | 🔲 |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (li | ine 6, column (f), di | vided by line 11, c | olumn (f)) | | 14 | 88.01 % |
| | Public support percentage from 2022 | | | | | 15 | 92.77 % |
| 16a | 33 1/3% support test - 2023. If the o | organization did not | t check the box on | line 13, and line 1 | 4 is 33 1/3% or mo | ore, check this box | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2022. If the c | organization did not | check a box on li | ne 13 or 16a, and i | line 15 is 33 1/3% | or more, check this | s box |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the facts | s-and-circumstance | s test, check this | box and stop her | e. Explain in Part \ | /I how the organiza | ation |
| | meets the facts-and-circumstances te | st. The organization | n qualifies as a pul | olicly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the orga | anization did not c | neck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 0% or |
| | more, and if the organization meets th | e facts-and-circum | stances test, chec | k this box and sto | op here. Explain in | Part VI how the | |
| | organization meets the facts-and-circu | | _ | | | | |
| 18 | Private foundation. If the organization | n did not check a b | oox on line 13, 16a | , 16b, 17a, or 17b, | check this box an | d see instructions | |
| | | | | | | Schedule A (| Form 990) 2023 |

20-1384253 Page 3

Schedule A (Form 990) 2023 INC.

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

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

| Se | ction A. Public Support | | | | | /* | |
|------|---|-----------------------|------------------------|---------------------|---------------------|-----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| · | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 9 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| _ | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | <u> </u> |
| 78 | , , | | | | | | |
| | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | | | |
| L | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | - | | |
| | Add lines 7a and 7b | | | | | 11=11=11=11= | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | | 4 1 2010 | # > 0000 | (4) 0004 | (-N 0000 | (-) 2002 | (6 Total |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | - |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fir | rst, second, third, 1 | ourth, or fifth tax | year as a section 5 | 01(c)(3) organization | on, |
| | | | | | | | |
| Sec | tion C. Computation of Publi | ic Support Per | centage | | | | |
| 15 | Public support percentage for 2023 (I | ine 8, column (f), d | ivided by line 13, o | olumn (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | tion D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)23 (line 10c, colur | nn (f), divided by lii | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2022 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did n | ot check the box of | | | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 3 12-21-23 | | | | | | (Form 990) 2023 |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|----------|------|-----|
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INC.

| | rt IV Supporting Organizations (continued) | | | |
|----------|--|-------------|---------|----------|
| Га | Supporting Organizations (continued) | | Yes | No |
| | the fallowing paragraph? | | 163 | 140 |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 110 4 | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 11a | | |
| | 11c below, the governing body of a supported organization? | 11b | | |
| | A family member of a person described on line 11a above? | 110 | - | 1960 |
| C | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 11c | | |
| 800 | detail in Part VI. Stion B. Type I Supporting Organizations | 110 | | |
| <u> </u> | suon B. Type i Supporting Organizations | | Yes | No |
| | The state of the s | | 162 | NO |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | 113 |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | 14 183 | | 45 |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | 1.00 | | the same |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 1 | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | 975 |
| | 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 | | |
| C | supervised, or controlled the supporting organization. | | | |
| Sec | etion C. Type II Supporting Organizations | | Van | Ma |
| | | | 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 | | | |
| 0 | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | Vaa | Na |
| | | E | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 12.4 | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | lib. |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 4 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | - |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | 1000 | 10-8 | |
| | 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ıs). | | |
| а | | | | |
| b | | | | |
| С | | instruction | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | , | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 40 | | F-1 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 1183 | | - |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | SALE OF | |
| b | | | 5 L | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | 1 | 18.5 |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | 100 | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 2770 | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 4 5 341 | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

PRISON ENTREPRENEURSHIP PROGRAM.

INC. 20-1384253 Page 6 Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A)

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

2

3

4 5

Schedule A (Form 990) 2023

2

5

Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

PRISON ENTREPRENEURSHIP PROGRAM, Schedule A (Form 990) 2023 INC. 20-1384253 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii)

| Sect | tion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2023 | Distributable Amount for 2023 |
|------|---|----------------------|--------------------------------|--|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| а | From 2018 | | | |
| b | From 2019 | | | |
| С | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| _i_ | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | Seign met Endag |
| b | Applied to 2023 distributable amount | | | |
| _ c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | THE PROPERTY OF THE PARTY OF TH |
| а | Excess from 2019 | | | |
| b | Excess from 2020 | | DATE NAME IN | |
| С | Excess from 2021 | | | |
| đ | Excess from 2022 | | | |
| е | Excess from 2023 | 2.24 | | |

Schedule A (Form 990) 2023

PRISON ENTREPRENEURSHIP PROGRAM,

| Schedule A | (Form 990) 2023 INC. | 20-1384253 | Page 8 |
|------------|--|---|--------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.) | r 17b; Part III, line 12; I and 2; Part IV, Section 6 / Section B. line 1e; Par | C |
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|--|------------------------|-------------------------|
| BLUE MERIDIAN PARTNERS | 800,000. | 458,752 |
| NTEX FLOORING | 547,239. | 205,991 |
| ENDLETON, MONTE AND LINDA | 495,046. | 153,798 |
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| | | |
| al Excess Contributions to Schedule A, Part II, Line 5 | , | 818,541. |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRISON ENTREPRENEURSHIP PROGRAM, INC.

Employer identification number 20-1384253

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | er Similar Funds | or Accou | nts. Complete if the |
|------|---|---|---|------------------|---------------------------------|
| _ | | (a) Donor a | dvised funds | (b) Fu | nds and other accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | 2 | | | |
| 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 v | vriting that the asse | ets held in donor advis | sed funds | |
| | are the organization's property, subject to the organization's e | exclusive legal cont | rol? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | |
| | impermissible private benefit? | | | | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | anization answered | l "Yes" on Form 990, | Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | |
| | Preservation of land for public use (for example, recreat | ion or education) | Preservation of | f a historically | important land area |
| | Protection of natural habitat | | Preservation of | f a certified hi | storic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation co | ntribution in the form | of a conserva | tion easement on the last |
| | day of the tax year. | | | 1 | Held at the End of the Tax Year |
| а | Total number of conservation easements | | *************************************** | 2a | |
| b | Total acreage restricted by conservation easements | *************************************** | | 2b | |
| С | Number of conservation easements on a certified historic structure | cture included on li | ne 2a | 2c | |
| d | Number of conservation easements included on line 2c acquir | ed after July 25, 20 | 06, and not | | |
| | on a historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished | , or terminated by the | organization | during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | | |
| 5 | Does the organization have a written policy regarding the period | | pection, handling of | | |
| | violations, and enforcement of the conservation easements it it | holds? | ****************************** | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violation | s, and enforcing cons | ervation ease | ments during the year |
| | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ng of violations, and | d enforcing conservat | tion easement | ts during the year |
| | | | | | |
| 8 | Does each conservation easement reported on line 2d above s | | | | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | • | | |
| | balance sheet, and include, if applicable, the text of the footno | te to the organizati | on's financial stateme | ents that desc | ribes the |
| Dar | organization's accounting for conservation easements. t III Organizations Maintaining Collections of A | Art Historical | Francisco or Ott | har Cimila | Acceto |
| ı aı | Till Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9 | | rreasures, or Oti | | Assets. |
| 10 | | | | | |
| Id | If the organization elected, as permitted under FASB ASC 958, | | | | |
| | of art, historical treasures, or other similar assets held for public | | | | DUDIIC |
| | service, provide in Part XIII the text of the footnote to its financ | | | | |
| U | If the organization elected, as permitted under FASB ASC 958, | | | | |
| | art, historical treasures, or other similar assets held for public e | exhibition, education | i, or research in furthe | erance or pub | olic service, |
| | provide the following amounts relating to these items. | | | | . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | |
| | | | | | |
| | If the organization received or held works of art, historical treas | | | gain, provide | |
| | the following amounts required to be reported under FASB ASC | | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | 8 | |

PRISON ENTREPRENEURSHIP PROGRAM,

| The same | nedule D (Form 990) 2023 INC. | | | | | | 20 | -13842 | 53 | Page 2 |
|----------|--|-------------------------|---|------------------|---|-------------|------------------|------------------|---------------|---------|
| P | art III Organizations Maintaining | Collections of A | rt, His | torical Tr | easures, c | or Other | Similar A | ssets (co | ntinue | d) |
| 3 | 3 3 4 4 | sion, and other recor | ds, che | ck any of the | following that | at make si | gnificant use | of its | | |
| | collection items (check all that apply). | | | _ | | | | | | |
| 6 | | | d | Loan or ex | change progi | ram | | | | |
| k | ,, | | е | Other | | | | | | |
| (| | | | | | | | | | |
| 4 | Provide a description of the organization's of | collections and expla | in how t | they further t | he organizati | on's exem | npt purpose i | n Part XIII. | | |
| 5 | During the year, did the organization solicit | | | | | er similar | assets | | | |
| 70 | to be sold to raise funds rather than to be m | naintained as part of | the orga | anization's co | ollection? | | | Yes | | No |
| Pe | ert IV Escrow and Custodial Arrar | igements Compl | ete if the | e organizatio | n answered ' | 'Yes" on F | orm 990, Pa | rt IV, line 9, o | or | |
| _ | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo | | | | | | | | _ | |
| | on Form 990, Part X? | | | | | | | . Yes | L | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing | table: | | | | | | |
| | B | | | | | | | Amo | unt | |
| C | | | | | | | | | | |
| a | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | • | | | | | | | |
| T | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on F | | | | | | y? | Yes | i.e. | No |
| Pa | If "Yes," explain the arrangement in Part XIII rt V Endowment Funds Complete in | the examination on | xplanati | on has been | provided in F | art XIII | | | | |
| | Complete i | (a) Current year | | Prior year | (c) Two year | | | back (e) Fo | | -a bask |
| 12 | Beginning of year balance | (a) Current year | (0) | riioi yeai | (C) Two yea | 15 Dack (| d) Three years | back (e) FC | ur yea | rs dack |
| h | | | | | | | | | | |
| | Contributions | | | | | | | | | |
| 4 | Grants or scholarships | | | | | | | | _ | |
| u | Other expenditures for facilities | | | | | | | | | |
| ٠ | | | | | | | | | | |
| f | A 1 1 1 4 11 | | | | | - | | | | |
| , | First of constant | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ont year and halana | l (line 1 | = ==l | \ hald | | | | | |
| a | Board designated or quasi-endowment | | % % | g, column (a) |) neid as: | | | | | |
| b | Permanent endowment | % | — ⁷⁰ | | | | | | | |
| | | ^% | | | | | | | | |
| Ť | The percentages on lines 2a, 2b, and 2c short | 6 7 | | | | | | | | |
| За | Are there endowment funds not in the posses | | tion the | t are held an | d administor | nd for the | | | | |
| | organization by: | solon of the organiza | uon una | it ale riciu ali | a auministen | ed for the | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | 1 | 140 |
| | (ii) Related organizations? | | | ••••• | ****************** | | ••••• | 3a(i) | 1 | - |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on S | chedule R2 | | | | 3a(ii) | \vdash | _ |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | vment f | unds | • | | **************** | 30 | _ | _ |
| Par | t VI Land, Buildings, and Equipm | ent | WITHOUT I | ando. | | | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | , Part IV | , line 11a. Se | ee Form 990, | Part X, lin | e 10. | | | |
| | Description of property | (a) Cost or of | | (b) Cost | | | umulated | (d) Boo | nk vali | 10 |
| | | basis (investm | | basis (| | | eciation | (4) 500 | · · · · · · · | |
| 1a | Land | | | | 3,747. | 3,4,73 | | 2.3 | 8.7 | 47. |
| | Buildings | | | | 7,219. | 73 | 6,561. | | | |
| | Leasehold improvements | | | , | . = 3 . | | -, | | - , 0 | 0. |
| | Equipment | | | 709 | 790. | 43 | 8,219. | 27 | 1.5 | 71. |
| | Other | | | | 3.154. | | 7.831. | | | 23. |

Schedule D (Form 990) 2023

2,646,299.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B))

PRISON ENTREPRENEURSHIP PROGRAM, 20-1384253 Page 3 INC. Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2)(3)(4)(5)(6)(7)(8)(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6) (7) (8)(9)Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes 925,771 CAPITAL LEASE OBLIGATION (2)(3)(4)(5) (6)(7) (8)(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

925,771.

Schedule D (Form 990) 2023

| Pa | rt XI Reconciliation of Revenue per Audited Financial Staten | nents With | Revenue per Re | eturn | |
|--------|---|---|---|----------|-----------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | |
| 1 | | *************************************** | | 1 | 3,807,872 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 . 1 | | | |
| a | • (• • • •) | | | | |
| b | 1 | | | | |
| c d | | 1 | 10,931. | | |
| e | | | | 20 | 10,931 |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 2e | 3,796,941 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | *************************************** | 3 | 3//30/341 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | | | 7,000. | | |
| С | Add lines 4a and 4b | | | 4c | 7,000 |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,803,941 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | ments With | Expenses per l | Returr | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,001,540 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | w a | | | |
| а | Donated services and use of facilities | | | | |
| b | Prior year adjustments | | | | |
| C | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | 16,673. | | 44.454 |
| е | Add lines 2a through 2d | | •••••• | 2e | 16,673. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,984,867. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 11 . 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 81,870. | | |
| b | Other (Describe in Part XIII.) Add lines 4a and 4b | | | 4. | 81,870. |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 4c 5 | 4,066,737 |
| Par | t XIII Supplemental Information | | | 5 | 4,000,737 |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV. lines 1b a | nd 2b: Part V. line 4 | · Part X | line 2: Part XI |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad | | | , , | , =, , , , |
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| PAR | T XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | ECT OF INVOLVED TRANSPORT A CIRCLETTE | | - 4400 | | 40.004 |
| EF.F. | ECT OF UNCONSOLIDATING A SUBSIDIARY THAT | FILES A | N 1120 | | 10,931. |
| | | | | | |
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| PAR | T XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| | I AI, BINE 4D OTHER ADOUGHMENTS. | | | | |
| гах | GAIN ON SALE OF PROPERTY AND EQUIPMENT | | | | 7,000. |
| | CHILL ON DIAL OF PROPERTY AND EXCEPTED. | | | | 7,000. |
| | | | | | |
| | | | | | |
| PAR | T XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | | | | |
| 300 | K/TAX CAPITAL OPERATING LEASE ACCOUNTING | DIFFERE | NCE | | 22,641. |
| | | | | | • |
| EFF. | ECT OF UNCONSOLIDATING A SUBSIDIARY THAT | FILES A | 1120 | | 525. |
| | | | | | |
| 300 | K GAIN ON SALE OF PROPERTY AND EQUIPMENT | | | | -6,493. |
| | | | | | |
| OT. | AL TO SCHEDULE D, PART XII, LINE 2D | | | | 16,673. |

PRISON ENTREPRENEURSHIP PROGRAM,

| Schedule D (Form 990) 2023 INC. Part XIII Supplemental Information (continued) | 20-1384253 Page |
|---|-----------------|
| Part XIII Supplemental Information (continued) | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| BOOK/TAX DEPRECIATION DIFFERENCE | 81,869. |
| ROUNDING | 1. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 81,870. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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

PRISON ENTREPRENEURSHIP PROGRAM,

Employer identification number

20-1384253

Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications X 9,881.FMV Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded X 6 32,657.FMV 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

PRISON ENTREPRENEURSHIP PROGRAM,

| Schedule M | (Form 99 | 0) 2023 | INC. | | | | | 20-1384253 | Page 2 |
|------------|---------------------|---------|-------------------------------|-------------------|---|---|-------------------------------|---|---------------------|
| Part II | Supple is report | emental | Informa I, column (| b), the number of | e information required contributions, the nur | by Part I, lines 3 nber of items rec | 60b, 32b, and seived, or a co | 33, and whether the orgai imbination of both. Also c | nization omplete |
| SCHEDU | LE M, | LINE | 32B: | | | | | | |
| THE OR | GANIZ | ATION | USES | LICENSED | SECURITIES | BROKERS | TO SEL | L PUBLICLY | |
| TRADED | STOC | KS. | | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PRISON ENTREPRENEURSHIP PROGRAM, INC.

Employer identification number 20-1384253

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIVES, RESTORE FAMILIES AND REBUILD COMMUNITIES. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S AUDIT COMMITTEE AND TAX PREPARER DISCUSS THE FORM 990. A PDF COPY OF THE FORM 990 IS GIVEN TO THE BOARD FOR THEIR REVIEW PRIOR TO BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS APPROVES ALL MAJOR CONTRACTS AND AGREEMENTS. ANY CONFLICT OF INTEREST SITUATION WOULD BE ADDRESSED BY THE DIRECTORS BEFORE A CONTRACT IS EXECUTED. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD-APPOINTED COMPENSATION COMMITTEE WORKS WITH THE HUMAN RESOURCE MANAGER TO PERFORM A COMPREHENSIVE REVIEW OF ALL EMPLOYEE POSITIONS. THE REVIEW INCLUDES USING A COMPREHENSIVE SALARY SURVEY TOOL TO BENCHMARK EXISTING COMPENSATION FOR ALL STAFF WHICH PROVIDES EMPIRICAL DATA TO VERIFY, AND IF NECESSARY, MODIFY, CURRENT ORGANIZATION PAY-SCALES. BOARD APPROVED COMPENSATION AMOUNTS USING THIS REVIEW AND OTHER PERFORMANCE MEASURES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE FORM 990 AVAILABLE TO THE PUBLIC VIA A PDF FILE UPON REQUEST.

| Schedule O (Form 990) 2023 Name of the organization PRISON ENTREPRENEURSHIP PROGRAM, INC. | Page 2 Employer identification number 20-1384253 |
|---|--|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| BOOK TAX DEPRECIATION DIFFERENCE | 81,869. |
| BOOK TAX CAPITAL OPERATING LEASE ACCOUNTING DIFFERENCE | -22,641. |
| BOOK TAX GAIN ON SALE OF PROPERTY AND EQUIPMENT DIFFERENCE | E -507. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 58,721. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization PRISON INC.

PRISON ENTREPRENEURSHIP PROGRAM,

Employer identification number 20-1384253

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state o foreign country) | (d) r Total inco | ome | (e) End-of-year | assets | Direct of | (f) controlling ntity | g |
|--|---|---|---|-----------------|----------------------------------|--------|--|-----------------------------|----------------|
| OUSTON CALEB HOUSE LLC - 27-2573168 | | | | | | | | | |
| 01 NAVIGATION BLVD #H7 | | | | | | | | | |
| OUSTON, TX 77011 | RENTAL | TEXAS | 187 | ,432. | 1 043 | 3,472. | PEP | | |
| TRE CAPITAL LLC - 61-1951809 | | | | | | , | | | |
| 01 NAVIGATION BLVD #H7 | | | | | | | | | |
| DUSTON, TX 77011 | LENDING | TEXAS | 383 | ,568. | 982 | 2,391. | PEP | | |
| | | | | | | | | | |
| art II Identification of Related Tax-Exempt Organizations during the tax year | anizations Complete if the organization | | | | | | | | |
| organizations during the tax year. (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , Part IV, line 34, b (d) Exempt Code section | Publi status | (e) ic charity (if section | | related tax-exe (f) ot controlling entity | Section cont | rolled ity? |
| (a) Name, address, and EIN | (b) | (c) Legal domicile (state or | (d) Exempt Code | Publi status | (e) | | (f) | Section : | rolled |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) ortionale ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General managir partner | (k) or Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---------|----------------------|--|--------------------------------------|-----------------------------|
| | | | | | | | 103 | 140 | | I es IV | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Identification of Deleted O | | | | | ю | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | (i) ction (b)(13) crolled tity? |
|--|----------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|---|
| COMMUNITAS VENTURES, INC 30-0778264 | | | | | | | | Yes | No |
| 6501 NAVIGATION BLVD #H7 | | | | | | | | | |
| HOUSTON, TX 77011 | SUPPORT | TX | | C CORP | 10,931. | 42,113. | 100% | | x |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Part | V Transactions With Related Organizations. Complete if the organization ans | swered "Yes" on Form | n 990, Part IV, line 34, 35b | , or 36. | | | | | | | | |
|--|--|-----------------------|---|--|----------|-----|-------|--|--|--|--|--|
| Note | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | V | I NI. | | | | | |
| 1 | During the tax year, did the organization engage in any of the following transaction: | s with one or more re | elated organizations listed i | in Parts II-IV? | | Yes | No | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | V | | | 1a | | X | | | | | |
| D | ont, grant, or capital contribution to related organization(s) | | | | 416 | | X | | | | | |
| • | and grant, or depital contribution from related organization(s) | | | | 1c | | X | | | | | |
| u | Loans or loan guarantees to or for related organization(s) | | | | 4.4 | Х | | | | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | | | |
| | | | | | - 5 49 | | 7 | | | | | |
| f | Dividends from related organization(s) | ••••• | | | 1f | | X | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b (ift, grant, or capital contribution to related organization(s) c (ift, grant, or capital contribution from related organization(s) d (Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f (Dividends from related organization(s) g (Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets to related organization(s) n Performance of services or membership or fundraising solicitations for related organization(s) n Performance of services or membership or fundraising solicitations for related organization(s) o Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Performance of services or membership or fundraising solicitations by related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) lame of related organizations (a) Name of related organizations Name of rela | | | | | | | | | | | | |
| | Toronace or assets from related organization(s) | | | | 416 | | X | | | | | |
| | Exertange of assets with related organization(s) | | | | 4: | | Х | | | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | *************************************** | | 1j | | Х | | | | | |
| | | | | | | | dia. | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | *************************************** | | 1k | | Х | | | | | |
| | renormance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | | |
| 11 | in Graning of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | | |
| Snaring of paid employees with related organization(s) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| P Heimbursement paid to related organization(s) for expenses | | | | | | | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | · · · · · · · · · · · · · · · · · · · | | 1q | | X | | | | | |
| | | | | | | | I.Y | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X | | | | | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | | | |
| | If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | nis line, including covered r | elationships and transaction thresholds. | | | | | | | | |
| | (a) Name of related organization | Transaction | | (d) Method of determining amount | involved | | | | | | | |
| (1) C | OMMUNITAS VENTURES INC | D | 43,742. | COST | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| 332163 | 09-28-23 | | | | | _ | | | | | | |

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

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

| (a) | (b) | (c) | T - | 1 | , | 10 | | | - | | | |
|------------------------|------------------|-------------------|--|--------------------------|----------------|-----------------|-------------|----------|----------|--|----------|-----------------|
| Name, address, and EIN | Primary activity | Legal domicile | (d) | Are partner: 501 (c orgs | all | (f) | (g) | (h |) | (i) | (j) | (k) |
| of entity | Times y delivity | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partner: 501(c | s sec.)(3) | Share of | Share of | Dispro | por- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | l or Percentage |
| | | country) | excluded from tax under | orgs | .? | total income | end-of-year | allocati | ons? | of Schedule K-1 | partne | ownership |
| | | | Sections 5 (2-5 (4) | Yes | No | income | assets | Yes | No | (Form 1065) | Yes I | 10 |
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20-1384253 Page 5 Schedule R (Form 990) 2023 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. PART I, IDENTIFICATION OF DISREGARDED ENTITIES: NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY: HOUSTON CALEB HOUSE LLC EIN: 27-2573168 6501 NAVIGATION BLVD #H7 HOUSTON, TX 77011 PRIMARY ACTIVITY: RENTAL DIRECT CONTROLLING ENTITY: PEP NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY: ENTRE CAPITAL LLC EIN: 61-1951809 6501 NAVIGATION BLVD #H7 HOUSTON, TX 77011 PRIMARY ACTIVITY: LENDING DIRECT CONTROLLING ENTITY: PEP PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: COMMUNITAS VENTURES, INC. EIN: 30-0778264 6501 NAVIGATION BLVD #H7 HOUSTON, TX 77011 PRIMARY ACTIVITY: SUPPORT

DIRECT CONTROLLING ENTITY:

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | | ine No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--------------------------|------------------|--------|-------|------|------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 1 | KIT LANE | 10/06/08 | SL | 27.50 | MM1 | .7 | 145,450. | | | | 145,450. | 75,148. | | 5,289. | 80,437. |
| 2 | LAND | 10/06/08 | L | .000 | | | 40,000. | | | | 40,000. | | | 0. | Internal |
| 3 | DESKS AND CHAIRS - CV | 04/30/11 | SL | 5.00 | 1 | 16 | 6,272. | | | | 6,272. | 6,272. | | 0. | 6,272. |
| 4 | AVAYA - PHONES ADD IN | 07/26/11 | SL | 5.00 | 1 | 16 | 4,221. | | | | 4,221. | 4,221. | | 0. | 4,221. |
| 5 | XEROX PHASER | 08/01/11 | SL | 5.00 | 1 | L 6 | 1,874. | | | | 1,874. | 1,874. | | 0. | 1,874. |
| 6 | CALEB HOUSE LAND | 01/01/09 | L | .000 | | | 29,913. | | | | 29,913. | | | 0. | |
| 7 | CALEB HOUSE BUILDING | 01/01/09 | SL | 27.50 | MM 1 | L7 | 105,944. | | | | 105,944. | 49,116. | | 4,197. | 53,313. |
| 8 | FOUNDATION | 03/02/12 | SL | 15.00 | 1 | 16 | 9,330. | | | | 9,330. | 6,738. | | 622. | 7,360. |
| 9 | 600 USED CHAIRS | 06/01/13 | 200DB | 5.00 | Mq1 | 17 | 3,698. | | | 1,849. | 1,849. | 1,849. | | 0. | 1,849. |
| 10 | CANON D5 MARK III CAMERA | 06/07/13 | 200DB | 3.00 | MQ 1 | 17 | 3,300. | | | 1,650. | 1,650. | 1,650. | | 0. | 1,650. |
| 11 | AVAYO VOIP MODULE | 08/01/13 | 200DB | 3.00 | M¢1 | 17 | 2,076. | | | 1,038. | 1,038. | 1,038. | | 0. | 1,038. |
| 12 | 20 DESKTOP DELL OPTIPLEX | 12/20/13 | 200DB | 3,00 | MQ 1 | 17 | 5,540. | | | 2,770. | 2,770. | 2,770. | | 0. | 2,770. |
| 13 | ELECTRIC LOCK AND KEYPAD | 12/27/13 | 200DB | 3.00 | MQ 1 | 17 | 2,830. | | | 1,415. | 1,415. | 1,415. | | 0. | 1,415. |
| 14 | BEDS | 08/01/14 | 200DE | 7.00 | нул | 17 | 10,488. | | | 5,244. | 5,244. | 5,244. | | 0. | 5,244. |
| 15 | TV STAND AND DRESSER | 08/01/14 | 200DE | 7.00 | нч1 | 17 | 540. | | | 270. | 270. | 270. | | 0. | 270. |
| 16 | DRESSER | 08/01/1 | 200DE | 7.00 | ну1 | 17 | 1,899. | | t he | 949. | 950. | 950. | is the | 0. | 950. |
| 17 | CAMERAS | 08/01/1 | 200DE | 5.00 | ну1 | 17 | 1,657. | | | 829. | 828. | 828. | | 0. | 828 |
| 18 | TV | 08/01/1 | 200DE | 5.00 | нуј | 17 | 778. | | | 389. | 389. | 389. | | 0. | 389. |

328111 04-01-23

| Asset No. | Description | Date Acquired | Method | Life | Corv | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--------------------------|------------------|--------|-------|------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 19 | TV | 08/01/14 | 200DB | 5.00 | ну1 | 740. | | | 370. | 370. | 370. | | 0. | 370. |
| 20 | COLUMBIA LAND | 02/03/14 | L | .000 | | 143,657. | | | | 143,657. | | MA I | 0. | |
| 21 | COLUMBIA BUILDING | 09/01/14 | SL | 27.50 | MM1 | 235,125. | | | | 235,125. | 71,216. | | 8,533. | 79,749. |
| 22 | KIT LANE ROOF | 08/01/14 | SL | 15.00 | 1 | 7,650. | 47 | | | 7,650. | 4,293. | | 510. | 4,803. |
| 23 | WASHER AND DRYER | 08/01/14 | 200DB | 7.00 | HY1 | 3,252. | | | 1,626. | 1,626. | 1,626. | | 0. | 1,626. |
| 24 | WASHER AND DRYER | 12/01/14 | 200DB | 7.00 | HY1 | 3,798. | | | 1,899. | 1,899. | 1,899. | | 0. | 1,899. |
| 25 | CU DESKTOP | 01/01/14 | 200DB | 3.00 | ну1 | 1,710. | | | 855. | 855. | 855. | | 0. | 855. |
| 26 | DALLAS ESCHOOL FURNITURE | 09/01/14 | 200DE | 5,00 | HY1 | 3,233. | | | | 3,233. | 3,233. | | 0. | 3,233. |
| 27 | DELL E5440 | 12/04/14 | 200DB | 5.00 | ну1 | 1,210. | | | 605. | 605. | 605. | | 0. | 605. |
| 28 | CU DIVIDERS | 07/01/14 | 200DB | 5.00 | HY1 | 4,579. | | | 2,289. | 2,290. | 2,290. | | 0. | 2,290. |
| 29 | CU BOOKCASES | 07/01/14 | 200DB | 5.00 | HY1 | 4,170. | | | 2,085. | 2,085. | 2,085. | | 0. | 2,085. |
| 30 | CU SERVER DELL | 07/22/14 | 200DB | 5.00 | ну1 | 5,322. | His | | 2,661. | 2,661. | 2,661. | | 0. | 2,661. |
| 31 | EU DELL SERVER | 07/15/14 | 200DB | 5.00 | ну1 | 3,103. | | | 1,552. | 1,551. | 1,551. | | 0. | 1,551. |
| 32 | EU COMPUTER 101 | 07/03/14 | 200DE | 5,00 | ну1 | 13,017. | | | 6,509. | 6,508. | 6,508. | 1131-14 | 0. | 6,508. |
| 33 | EU PORTABLE DIVIDERS | 07/29/14 | 200DB | 5.00 | ну1 | 2,227. | | | 1,114. | 1,113. | 1,113. | | 0. | 1,113. |
| 34 | EU FURNITURE | 07/29/14 | 200DB | 7.00 | HY1 | 12,468. | | 4518 | 6,234. | 6,234. | 6,234. | | 0. | 6,234. |
| 35 | EU PA SYSTEM | 08/05/14 | 200DB | 5.00 | HY1 | 7 1,980. | | | 990. | 990. | 990. | | 0. | 990. |
| 36 | EU ARMLESS CHAIRS | 11/18/14 | 200DB | 5.00 | ну1 | 6,202 | Ri-in | II all | 3,101. | 3,101. | 3,101. | | 0. | 3,101. |

⁽D) - Asset disposed

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--------------------------------------|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 37 | ROOF | 09/22/15 | 150DB | 15.00 | ну | 17 | 10,725. | | | 5,363. | 5,362. | 3,362. | | 267. | 3,629 |
| 38 | HOUSE REMODEL | 09/01/15 | 150DB | 15.00 | ну | 17 | 74,982. | | | 37,491. | 37,491. | 20,888. | | 2,214. | 23,102 |
| 39 | FURNITURE | 09/01/15 | 200DB | 7,00 | НУ | 17 | 7,266. | | | 3,633. | 3,633. | 3,633. | | 0. | 3,633 |
| 40 | DALLAS OFFICE PAINTING | 08/05/15 | 150DB | 15.00 | НУ | 17 | 1,880. | | | 940. | 940. | 524. | | 56. | 580 |
| 41 | PORTABLE DIVIDERS FOR GYM | 02/03/15 | 200DB | 5.00 | НУ | 17 | 9,020. | | | 4,510. | 4,510. | 4,510. | | 0. | 4,510 |
| 42 | STEEL MOBILE BOOKCASE | 02/09/15 | 200DB | 5.00 | НУ | 17 | 4,039. | | | 2,019. | 2,020. | 2,020. | | 0. | 2,020 |
| 43 | PORTABLE PA SYSTEM AND UPGRADE | 02/10/15 | 200DB | 5.00 | НА | 17 | 5,768. | | | 2,884. | 2,884. | 2,884. | | 0, | 2,884 |
| 44 | EPSON PROJECTOR WALL | 02/10/15 | 200DB | 5.00 | НУ | 17 | 821. | | | 411. | 410. | 410. | THE R | 0. | 410 |
| 45 | 2 EPSON PROJECTORS | 02/20/15 | 20.0DB | 5.00 | НУ | 17 | 6,094. | | | 3,047. | 3,047. | 3,047. | | 0. | 3,047. |
| 46 | EBOOKS AND VIDEO | 03/02/15 | 200DE | 5.00 | HY | 17 | 4,204. | | | 2,102. | 2,102. | 2,102. | | 0, | 2,102. |
| 47 | SET OF CRIME AND PUNISHMENT BOOKS | 03/09/15 | 200DB | 5.00 | НА | 17 | 9,626. | | | 4.813. | 4,813. | 4,813. | | 0. | |
| 48 | 14 DELLL MONITERS AND ADV | 03/13/15 | 200DB | 5.00 | НУ | 17 | 8,012. | */ <u>F</u> 1 | | 4,006. | 4,006. | 4,006. | | 0. | 4,813. |
| 49 | 120 ENTRE BOOKS | 03/16/15 | 200DB | 5.00 | НХ | 17 | 10,543. | | | 5,271. | 5,272. | 5,272. | | 0. | 5,272. |
| 50 | FURNITURE OF ESTES UNIT | 02/28/15 | 200DB | 5.00 | НУ | 17 | 4,062. | | | 2,031. | 2,031. | 2,031. | | 0. | 2,031. |
| 51 | PA SYSTEM UPGRADE FOR GYM | 05/01/15 | 200DB | 5.00 | НУ | 17 | 2,118. | | | 1,059. | 1,059. | 1,059. | | 0, | 1,059. |
| 52 | MONITOR | 05/18/15 | 200DB | 5.00 | HY: | 17 | 82. | | | 41. | 41. | 41. | | 0. | 41. |
| 53 | AV UPGRADE | 05/27/15 | 200DB | 5.00 | НУ | 17 | 3,662. | | | 1,831. | 1,831. | 1,831. | | 0. | 1,831. |
| 5 4 | NEW SOUND MIC & SPEAKERS | 06/13/15 | 200DB | 5,00 | ну | 17 | 2,176. | | | 1,088. | 1,088. | 1,088. | | 0. | 1.088. |

| Asset No. | Description | Date Acquired | Method | Life | C Lir o No | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|------|---------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 55 | 18 DELL OPTIPLEX 780 CORE I5 WINDOWS | 06/16/15 | 200DB | 5.00 | HY17 | 9,540. | | | 4,770. | 4,770. | 4,770. | Exponed | 0. | 4,770. |
| 56 | BLACK GRID STOOLS AND 2 DJ TABLES | 06/19/15 | 200DB | 5.00 | HY17 | 1,763. | | | 881. | 882. | 882. | | 0. | 882. |
| 57 | GRADUATION GOWNS | 07/31/15 | 200DB | 5.00 | HY17 | 3,369. | | | 1,685. | 1,684. | 1,684. | | 0. | 1,684. |
| 58 | STAGE AND CASE | 08/06/15 | 200DB | 7.00 | HY17 | 4,250. | 1919 | | 2,125. | 2,125. | 2,125. | | 0. | 2,125. |
| 59 | PROJECTOR BOARD, TABLES PODIUM | 08/17/15 | 200DB | 5.00 | HY17 | 2,258. | | | 1,129. | 1,129. | 1,129. | | 0. | 1,129. |
| 60 | EPSON PROJECTOR | 08/20/15 | 200DB | 5.00 | HY17 | 3,050. | | | 1,525. | 1,525. | 1,525. | | 0. | 1,525. |
| 61 | E SCHOOL TABLES | 08/28/15 | 200DB | 5.00 | ну17 | 1,950. | | | 975. | 975. | 975. | | 0. | 975. |
| 62 | 2011 HONDA CRV | 02/06/15 | 200DB | 5.00 | HY17 | 16,165. | 7 | P. FEB. | 8,082. | 8,083. | 8,083. | | 0. | 8,083. |
| 63 | (D)2013 TOYOTA HIGHLANDER | 11/10/15 | 200DB | 5,00 | HY17 | 19,395. | | | 9,697. | 9,698. | 9,698. | | 0. | 9,698. |
| 64 | CASA HOUSE CAMERAS | 06/30/16 | 200DB | 5.00 | MC17 | 798. | | | 399. | 399. | 399. | | 0. | 399. |
| 65 | 500 FOLDING CHAIRS ESTES | 01/05/16 | 200DB | 5.00 | MC 17 | 6,775. | | | 3,387. | 3,388. | 3,388. | | 0. | 3,388. |
| 66 | SOUND SYSTEM ESTES | 01/22/16 | 200DB | 5.00 | MQ17 | 5,049. | Tari, | | 2,524. | 2,525. | 2,525. | | 0. | 2,525. |
| 67 | DJ SPEAKERS WITH WHEELS | 01/23/16 | 200DB | 5.00 | MC17 | 650. | | | 325. | 325. | 325. | | 0. | 325. |
| 68 | GIG CASE WITH WHEELS | 01/24/16 | 200DB | 5.00 | MC 17 | 858. | | | 429. | 429. | 429. | | 0. | 429. |
| 69 | TABLE, BASE, CABINET ESTES | 02/05/16 | 200DB | 5.00 | MC 17 | 1,502. | | | 751. | 751. | 751. | | 0. | 751. |
| 70 | 40 ARMLESS STACKING CHAIRS 4 DELL 21.5 MONITOR & ADV | 02/05/16 | 200DB | 5.00 | MC 17 | 3,101. | 100 | 11/2 | 1,550. | 1,551. | 1,551. | | 0. | 1,551. |
| 71 | ЕХСН | 04/13/16 | 200DB | 5.00 | MQ17 | 2,993. | | | 1,496. | 1,497. | 1,497. | | 0. | 1,497. |
| 72 | LAP TOP | 04/27/16 | 200DB | 5.00 | MQ17 | 723. | | 24 | 361. | 362. | 362. | | 0. | 362. |

| Asset No. | Description | Date Acquired | Method | Life | C o n No. v | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|-------|-------------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 73 | COMPUTER VIDEO EDITING ESTES | 07/12/16 | 200DB | 5.00 | MQ17 | 585. | | | 292. | 293. | 293. | | 0. | 293. |
| 74 | LAP TOP | 08/08/16 | 200DB | 5.00 | MQ17 | 950. | | | 475. | 475. | 475. | | 0. | 475. |
| 75 | COMPUTER LAB CABINETS & LIGHTS | 09/09/16 | 200DB | 5.00 | MQ17 | 1,726. | | | 863. | 863, | 863. | | 0. | 863. |
| 76 | IKEA CABINETS FOR CLE | 09/06/16 | 200DB | 7.00 | MC17 | 4,133. | | | 2,067. | 2,066. | 1,952. | | 114. | 2,066. |
| 77 | IKEA CABINETS FOR CLE | 09/09/16 | 200DB | 5.00 | MC17 | 1,127. | | | 563. | 564. | 564. | | 0. | 564. |
| 78 | IKEA CABINETS FOR CLE | 09/12/16 | 200DB | 5.00 | MC17 | 223. | | | 112. | 111. | 111. | | 0. | 111. |
| 79 | DELL | 09/13/16 | 200DB | 5.00 | MC17 | 1,102. | | | 551. | 551. | 551. | | ٥. | 551. |
| 80 | TABLES AND BARSTOOLS | 10/26/16 | 200DB | 5.00 | MC17 | 4,010. | | | 2,005. | 2,005. | 2,005. | | 0. | 2,005. |
| 81 | TOYOTA HIGHLANDER | 12/20/16 | 200DB | 5.00 | Mc17 | 19,361. | | | 9,680. | 9,681. | 9,681. | | 0. | 9,681. |
| 82 | CHAIRS FOR CLEVELAND (ROOM AND LAB) | 03/01/17 | 200DB | 5.00 | HY17 | 10,325. | ijus | 100 | 5,163. | 5,162. | 5,162. | | 0. | 5,162. |
| 83 | CAMERA EQUIPMENT | 07/10/17 | 200DB | 5.00 | ну17 | 2,185. | | | 1,093. | 1,092. | 1,092. | | 0. | 1,092. |
| 84 | COMPUTER FOR LAURA | 10/04/17 | 200DB | 5.00 | HY17 | 830. | | 47.5 | 830. | | | | 0. | |
| 85 | COMPUTER FOR GAMI | 10/04/17 | 200DB | 5.00 | HY17 | 830. | | | 830. | | | | 0. | |
| 86 | DJ COMPUTER FOR CLE | 10/26/17 | 200DB | 5.00 | HY17 | 600. | | No. | 600. | | | | 0. | |
| 87 | COMPUTER LAB | 10/03/17 | 200DB | 5.00 | H¥17 | 750. | | | 750. | | | | 0. | |
| 88 | COMPUTER FOR MARC | 10/19/17 | 200DB | 5.00 | ну17 | 672. | | | 672. | 18 Te (| | | 0. | |
| 89 | 2015 TOYOTA SIENNA, WHITE | 08/05/17 | 200DB | 5.00 | нұ17 | 19,439. | | | 9,720. | 9,719. | 9,719. | | 0. | 9,719. |
| 90 | CALEB AC UNITS | 03/16/17 | 150DB | 15.00 | HY17 | 6,770. | | N. Alle | 3,385. | 3,385. | 1,486. | | 200. | 1,686. |

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| Asset No. | Description | Date Acquired | Method | Life | C on v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|-------|--------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 91 | COLUMBIA BATHROOM REMODEL | 04/30/17 | 150DB | 15.0 | HY1 | 1.7 | 14,582. | | | 7,291. | 7,291. | 3,201. | | 431. | 3,632. |
| 92 | CALEB REPLACE EXTERIOR WOOD | 06/22/17 | 150DB | 15.0 | ну1 | 17 | 1,580. | | | 790. | 790. | 347. | | 47. | 394. |
| 93 | AUSTIN ELECTRONICS | 05/31/17 | 200DB | 5.00 | HY1 | 17 | 4,857. | | | 450. | 4,407. | 4,407. | | 0. | 4,407. |
| 94 | COMPUTER | 10/31/17 | 200DB | 5.00 | ну 1 | 17 | 540. | | | 540. | | | | 0. | |
| 95 | REFRIGERATOR | 07/31/17 | 200DB | 7.00 | ну1 | 17 | 909. | | | 455. | 454. | 393. | | 41. | 434, |
| 96 | COLUMBIA REMODEL | 05/01/18 | 150DB | 15.00 | HY1 | 17 | 1,980. | | | 1,980. | | | | 0. | |
| 97 | DRYER | 01/31/18 | 200DB | 7.00 | HY1 | 17 | 529. | | | 529. | | | | 0. | |
| 98 | LAPTOP FOR JASON MOOORE | 01/14/19 | 200DB | 5.00 | MQ 1 | L7 | 1,069. | | | 1,069. | | | e il v | 0. | |
| 99 | DESKTOP REPLACEMENT FOR PHI | 04/01/19 | 200DB | 5.00 | MQ1 | 17 | 1,113. | | | 1,113. | | | | 0. | |
| 100 | COMPUTERS FOR CLEVELAND | 05/01/19 | 200DB | 5.00 | MC1 | 7 | 800. | | | 800. | | | | 0. | |
| 101 | LAPTOP FOR ADAM CANTU & SSD | 06/01/19 | 200DE | 5.00 | MC1 | 7 | 1,065. | | | 1,065. | | | | 0. | |
| 102 | COMPUTER FOR WASON AND BRYAN | 06/01/19 | 200DB | 5.00 | MC1 | .7 | 2,012. | | | 2,012. | | | | 0. | |
| 103 | COMPUTER FOR CLEVELAND | 06/01/19 | 200DB | 5.00 | MQ1 | .7 | 885. | | | 885. | | | | 0. | |
| 104 | HARDDRIVES FOR ESTES | 08/01/19 | 200DB | 5.00 | MC1 | .7 | 1,153. | | | 1,153. | | | | 0. | |
| 105 | HOUSTON COMPUTER | 10/01/19 | 200DB | 5.00 | MC1 | .7 | 760. | | | 760. | | | | 0. | |
| 106 | COMPUTER FOR THERESA | 11/01/19 | 200DB | 5.00 | MC1 | .7 | 1,328. | TIE W | | 1,328, | | | | 0. | |
| 107 | DALLAS OFFICE PARTICIPANT COMPUTERS | 11/01/19 | 200DB | 5.00 | MQ1 | 7 | 679. | | | 679. | | | | 0. | |
| 108 | COMPUTER FOR CLEVELAND | 11/01/19 | 200DE | 5.00 | MÇ 1 | 7 | 570. | | | 570 | | | | 0. | |

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-----------------------------------|------------------|--------|-------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 109 | VARIDESK | 12/01/19 | 200DB | 5.00 | MC17 | 23,400. | | | 23,400. | | | | 0. | |
| 110 | COMPUTER FOR TIM | 12/01/19 | 200DB | 5.00 | MC17 | 1,135. | | | 1,135. | | 1731-1 | | 0. | 2 - 3° 16 |
| 111 | CLEVELAND COMPUTERS AND HARDDRIVE | 12/01/19 | 200DB | 5,00 | MC17 | 579. | | | 579. | | | | 0. | |
| 112 | COMUTER FOR BOBBY SHARP | 12/01/19 | 200DB | 5.00 | MC17 | 850. | | | 850. | | | | 0. | |
| 113 | 2009 TOYOTA HIGHLANDER | 01/01/19 | 200DB | 5.00 | M⊊17 | 11,000. | | | 11,000. | | | | 0. | |
| 114 | (D)2010 BLACK VENZA | 09/01/19 | 200DB | 5.00 | MC17 | 4,869. | 49. | | 4,869. | | | | 0. | |
| 115 | LAND BUFFALO SPEEDWAY | 01/01/19 | L | .000 | Ш | 25,177. | | | | 25,177. | | | 0. | |
| 116 | ALARM AND INSTALLATION | 11/01/19 | 150DB | 15.00 | MC17 | 3,330. | | | 3,330. | | | | 0. | |
| 117 | ALARM AND INSTALLATION | 11/01/19 | 150DB | 15.00 | Mg17 | 1,750. | | | 1,750. | | | | 0. | |
| 118 | BUFFALO SPEEDWAY PROPERTY | 11/01/19 | SL | 27.50 | MM 17 | 235,690. | | | | 235,690. | 26,783. | | 8,571. | 35,354. |
| 119 | MATRESS & COVERS | 07/01/19 | 200DB | 7.00 | Mc17 | 1,273. | | | 1,273. | | | | 0. | |
| 120 | INTEGRITY HOUSE NEW FURNITURE | 11/01/19 | 200DB | 7.00 | MC17 | 10,015. | | | 10,015. | | | | 0, | |
| 121 | WASHER FOR CALEB | 08/01/19 | 200DB | 7,00 | M⊈17 | 673. | | | 673. | | | | 0. | |
| 122 | MATTRESSES | 10/01/19 | 200DB | 7.00 | MC17 | 610. | | | 610. | | | | 0. | |
| 123 | AC UNIT CALEB | 07/30/20 | 200DB | 7.00 | ну17 | 4,600. | | | 4,600. | | | | 0. | |
| 124 | WASHER/DRYER COLUMBAI | 07/31/20 | 200DB | 7.00 | HY17 | 3,968. | | | 3,968. | | | | 0. | |
| 125 | AC UNIT FOR INTEGRITY | 08/17/20 | 200DB | 7.00 | ну17 | 2,300. | | | 2,300. | | | | 0. | |
| 126 | SERVER FOR ESTES | 02/15/18 | 200DB | 5.00 | HY17 | 1,300. | | | 1,300. | | | | 0. | 214 |

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|----------------|---|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 127 | CLEVELAND COMPUTERS AND SSD | 01/01/20 | 200DB | 5.00 | нч | 17 | 1,688. | | | 1,688. | | | | 0, | |
| 128 | COMPUTER FOR JON GOODALE | 06/01/20 | 200DB | 5.00 | нч | 17 | 1,200. | | | 1,200. | | HELVE. | | 0. | |
| 129 | COMPUTER FOR ALLISON SHEEDER | 08/01/20 | 200DB | 5.00 | ну | 17 | 1,276. | | | 1,276 | | | | 0. | |
| 130 | COMPUTER FOR JEFF HUMPHREY | 09/01/20 | 200DB | 5.00 | НХ | 17 | 1,276. | | | 1,276. | | | | 0. | |
| 131 | CAMERA/CABLES | 11/01/20 | 200DB | 5.00 | НХ | 17 | 4,506. | | | 4,506. | | | | 0. | |
| 132 | CAMERA | 11/01/20 | 200DB | 5.00 | НУ | 17 | 1,300. | | | 1,300, | | | | 0. | |
| 133 | ALARM AND INSTALLATION | 02/01/21 | 200DB | 5.00 | НУ | 17 | 2,400. | | | 2,400. | | | | 0. | |
| 134 | WASHER AND REFRIGERATOR | 06/01/21 | 200DE | 5.00 | НУ | 17 | 1,208. | | | 1,208, | | | E 1772 | A Prediction | |
| 135 | BED FRAMES AND MATRESS COVERS | 08/01/21 | 200DB | 5.00 | НА | 17 | 1,945. | | | 1,945. | | | | 0. | |
| 136 | WASHER DRYER FOR COLUMBIA | 09/01/21 | 200DE | 5,00 | ну | 17 | 1,477. | | Ayes | 1,477. | | | | 0. | |
| 137 | COLUMBIA NEW FURNITURE | 09/01/21 | 200DB | 5.00 | НУ | 17 | 3,923. | | | 3,923. | | | | 0. | |
| 138 | LAPTOP FOR PAT | 03/16/21 | 200DB | 5.00 | НУ: | 17 | 1,135. | | | 1,135 | | | | 0. | |
| 139 | COMPUTERS FOR CLEVELAND | 06/11/21 | 200DB | 5.00 | HY | 17 | 1,200. | | | 1,200. | | | | 0. | |
| 140 | DESKPHONES FOR NEW OFFICE | 07/13/21 | 200DE | 5.00 | НУ | 17 | 1,370. | | | 1,370. | | 4-1-1 | | | |
| 141 | MOBILE STUDIO: MACBOOKPRO + INSURACE | 07/16/21 | 200DE | 5.00 | ну | 17 | 3,950. | | | 3,950. | | | | 0. | |
| 142 | MOBILE STUDIO: NIKON AF-S LENS | 07/16/21 | 200DB | 5.00 | ну | 17 | 2,347. | | | 2,347. | | | | 0. | FISH, FI |
| 143 | | 07/01/21 | 200DB | 5.00 | ну1 | 7 | 2,097. | | | 2,097 | | | | 0. | |
| 144 B111 04 | | 07/01/21 | 17 | | ну1 | | 338. | | | 338. | | t e lusi | | 0. | |

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| Asset No. | Description | Date Acquired | Method | Life | C o n No. | | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|-------|--------------------|---------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 145 | MOBILE STUDIO: NIKON AF S LENS | 07/01/21 | 200DB | 5.00 | HY17 | 477. | | | 477. | | | | 0. | |
| 146 | COMPUTER FOR DAVID JOHNSON | 07/01/21 | 200DB | 5.00 | H¥17 | 1,194. | | | 1,194. | | ATTEN OF | W 125 | 0. | |
| 147 | TELEVISION FOR ESCHOOL | 09/03/21 | 200DB | 5,00 | HY17 | 1,050. | | | 1,050. | | | | 0. | |
| 148 | LAPTOPS FOR COURTNEY & TIM | 09/01/21 | 200DB | 5.00 | ну17 | 2,506. | | | 2,506. | | | | 0. | |
| 149 | MOBILE AUDIO/VIDEO EQUIPMENT | 10/01/21 | 200DB | 5,00 | ну17 | 9,047. | | | 9,047. | | | | 0. | |
| 150 | ELECTRONIC WRITING TABLETS PHI AND TIM | 10/01/21 | 200DB | 5.00 | HY17 | 1,151. | | | 1,151. | | | | 0. | |
| 151 | LAPTOP FOR ESTES | 12/01/21 | 200DB | 5.00 | ну17 | 930. | | | 930. | | | | 0. | |
| 152 | SERVER FOR LMS | 12/01/21 | 200DB | 5.00 | H¥17 | 1,350. | | | 1,350. | | | | 0, | |
| 153 | NEW OFFICE MAKER HUB ELECTRONICS | 08/01/21 | 200DB | 5.00 | HX17 | 5,382. | | | 5,382. | | | | 0. | |
| 154 | TREE REMOVAL | 04/30/22 | 150DB | 15.00 | H¥17 | 3,290. | | | | 3,290. | 165. | | 313. | 478. |
| 155 | TREE REMOVAL AND DRIVEWAY | 06/03/22 | 150DB | 15.00 | HY17 | 6,500. | | | | 6,500. | 325 | | 618. | 943. |
| 156 | 5517 COLUMBIA HOUSE PLUMBING | 05/30/22 | 150DB | 15.00 | HY17 | 24,000. | 1 | | | 24,000. | 1,200. | | 2,280. | 3,480. |
| 157 | COLUMBIA NEW FENCE | 05/30/22 | 150DB | 15.00 | ну17 | 10,308. | | | | 10,308. | 515 | | 979. | 1,494. |
| 158 | HOT WATER HEATER REPLACEMEN OBREIN | 05/30/22 | 150DB | 15.00 | HY17 | 1,745. | | | | 1,745. | 87. | | 166. | 253. |
| 159 | AC WORK - RELOCATE | 08/30/22 | 150DB | 15.00 | HY17 | 7,000. | | | | 7,000. | 350. | | 665. | 1,015. |
| 160 | O'BREIN HOUSE ROOF REPAIR | 08/30/22 | 150DB | 15.00 | HY17 | 1,500. | | | | 1,500. | 75. | | 143. | 218. |
| 161 | FLOORING FOR O'BRIEN | 10/11/22 | 150DB | 15.00 | HY17 | 14,115. | | | | 14,115. | 706. | | 1,341. | 2,047. |
| 162 | BATHROOM AND KITCHEN - IH | 09/18/22 | 150DB | 15.00 | НУ17 | 18,120. | | | | 18,120. | 906 | | 1,721. | 2,627. |

| Asset No. | Description | Date Acquired | Method | Life | C Lin | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-------------------------------------|------------------|--------|-------|-------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 163 | CONVERT TUBS TO SHOWER | 11/30/22 | 150DB | 15.00 | ну17 | 26,900. | | | | 26,900. | 1,345. | | 2,556. | 3,901. |
| 164 | CONVERT TUBS TO SHOWER | 11/30/22 | 150DB | 15.00 | НУ17 | 25,800. | | | | 25,800. | 1,290. | | 2,451. | 3,741. |
| 165 | HVAC INSTALLATION | 01/28/22 | 200DB | 7.00 | ну17 | 10,499. | | | | 10,499. | 1,500. | | 2,571. | 4,071. |
| 166 | REFRIGERATOR FOR INTEGRITY | 03/30/22 | 200DB | 7.00 | HY17 | 1,496. | | | | 1,496. | 214. | | 366. | 580. |
| 167 | REPLACE TWO SHOWER VALVES, TRIMS | 07/29/22 | 200DB | 7.00 | HY17 | 2,630. | | | | 2,630. | 376. | | 644. | 1,020. |
| 168 | CLEVELAND COMPUTERS | 01/12/22 | 200DB | 5.00 | ну17 | 34,702. | 178 | | | 34,702. | 6,940. | | 11,105. | 18,045. |
| 169 | FURNITURE FOR NEW SPACE | 01/01/22 | 200DE | 5.00 | НУ17 | 40,563. | | | | 40,563. | 8,113. | | 12,980. | 21,093. |
| 170 | MONITORS FOR CLEVELAND | 02/01/22 | 200DB | 5.00 | ну17 | 2,040. | | | N. S. | 2,040. | 408. | | 653. | 1,061. |
| 171 | LAPTOP FOR LAURA | 02/09/22 | 200DB | 5.00 | ну17 | 1,348. | | | | 1,348. | 270. | | 431. | 701. |
| 172 | LAPTOP FOR MAX | 02/09/22 | 200DB | 5.00 | HY17 | 1,348. | | | | 1,348. | 270. | | 431. | 701. |
| 173 | SOFA AND LOVESEAT FOR CLEVELAND | 01/28/22 | 200DB | 5.00 | ну17 | 2,749. | | | | 2,749. | 550. | | 880. | 1,430. |
| 174 | ESTES COMPUTERS | 02/25/22 | 200DB | 5.00 | ну17 | 25,093. | | | | 25,093. | 5,019. | | 8,030. | 13,049. |
| 175 | LOCKS/VIDEO CABLE CLEVELAND | 04/11/22 | 200DB | 5.00 | ну17 | 2,293. | | | | 2,293. | 459. | | 734. | 1,193. |
| 176 | LOCKS/VIDEO CABLE ESTES | 04/11/2 | 200DB | 5.00 | ну17 | 1,273. | | | | 1,273. | 255. | | 407. | 662. |
| 177 | LAPTOP FOR BRYAN AND ALLISON | 03/25/2 | 200DB | 5.00 | ну17 | 2,360. | | | | 2,360. | 472. | | 755. | 1,227. |
| 178 | CLEVELAND COMPUTER LAB | 07/01/2 | 200DB | 5.00 | ну17 | 5,473. | 17.4 | | | 5,473. | 1,095. | | 1,751. | 2,846. |
| 179 | GREG AND MIKEY LAPTOP | 08/13/22 | 200DB | 5.00 | ну17 | 2,755. | | | | 2,755. | 551. | | 882. | 1,433. |
| 180 | GERALD LAPTOP | 08/13/22 | 200DB | 5.00 | HY 17 | 1,384. | | | | 1,384. | 277. | | 443. | 720. |

| Asset No. | Description | Date Acquired | Method | Life | C on v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-------------------------------------|------------------|--------|------|--------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 181 | JASON LAPTOP | 08/13/22 | 200DB | 5.00 | ну1 | 17 | 1,384. | | | | 1,384. | 277. | | 443. | 720. |
| 182 | PEP COLLIDER EQUIPMENT | 09/01/22 | 200DE | 5,00 | HY1 | 17 | 15,057. | | | | 15,057. | 3,011. | | 4,818. | 7,829. |
| 183 | WIRELESS MICS | 08/19/22 | 200DB | 5.00 | HY1 | 17 | 1,148. | | | | 1,148. | 230. | | 367. | 597. |
| 184 | LAPTOP TIMOTHY DANIELS | 08/28/22 | 200DB | 5.00 | ну 1 | 17 | 1,457. | | | | 1,457. | 291. | | 466, | 757. |
| 185 | MONITORS FOR HOUSTON | 08/30/22 | 200DB | 5.00 | HY 1 | 17 | 1,981. | | | | 1,981. | 396. | | 634. | 1,030. |
| 186 | LAPTOP COMPUTER - SYED K. | 10/07/22 | 200DB | 5.00 | ну 1 | 17 | 1,399. | | i-y(a) | | 1,399. | 280. | | 448. | 728. |
| 187 | PORTABLE SPEAKERS | 10/12/22 | 200DB | 5.00 | HY1 | 17 | 1,600. | | | | 1,600. | 320. | | 512. | 832. |
| 188 | TOUCH SCREEN (PEP COLLIDER) | 09/26/22 | 200DB | 5.00 | ну1 | 17 | 1,440. | | | | 1,440. | 288. | | 461. | 749. |
| 189 | LAPTOP FOR D. FLORES | 09/27/22 | 200DB | 5.00 | ну1 | 17 | 900. | | | | 900. | 180. | | 288. | 468. |
| 190 | MONITORS (CLEVELAND)/PRINTER BPC | 09/30/22 | 200DB | 5.00 | ну 1 | 17 | 1,341. | | | | 1,341. | 268. | | 429. | 697. |
| 191 | MONITORS FOR HOUSTON (SIX) | 10/23/22 | 200DB | 5.00 | HY1 | 17 | 1,310. | | | | 1,310. | 262. | | 419, | 681. |
| 192 | LAPTOP COMPUTER (CLEVELAND) DJONES | 10/23/22 | 200DB | 5.00 | ну1 | 17 | 1,251. | | | | 1,251. | 250. | | 400. | 650. |
| 193 | BACKUP SERVER HOUSTON | 10/17/22 | 200DB | 5.00 | ну1 | 17 | 1,300. | | | | 1,300. | 260. | | 416. | 676. |
| 194 | LAPTOP COMPUTER MI LAI | 11/14/22 | 200DB | 5.00 | ну 1 | 17 | 1,103. | | | | 1,103. | 221. | | 353, | 574. |
| 195 | SOFTWARE DATABASE | 06/27/22 | 200DB | 3,00 | ну1 | 17 | 3,060. | | | | 3,060. | 1,020. | | 1,360. | 2,380. |
| 196 | 2008 FORD F350 WHITE | 07/01/22 | 200DB | 5.00 | нү1 | 17 | 20,000. | | 12113 | i kun | 20,000. | 4,000. | | 6,400. | 10,400. |
| 197 | RETURNED VIDEO SWITCHER | 12/07/21 | 200DB | 5.00 | H¥1 | 17 | 279. | | | | 279. | | | 0. | |
| 198 | EAST END MAKER HUB | 09/01/22 | 200DB | 7.00 | HY1 | 17 | 19,671. | | ET LE | | 19,671. | 2,810. | | 4,817. | 7,627. |

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-------------------------------------|------------------|--------|-------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 199 | EAST END MAKER HUB | 09/01/22 | 200DB | 7.00 | ну17 | 21,768. | | | | 21,768. | 3,110. | | 5,331. | 8,441. |
| 200 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | ну17 | 396. | | | neel i | 396, | 57. | | 97. | 154. |
| 201 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | H¥17 | 34,719. | | | | 34,719. | 4,960. | | 8,503. | 13,463. |
| 202 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | HY17 | 1,352. | 1345 | | | 1,352. | 193. | | 331. | 524. |
| 203 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | HY17 | 12,745. | | | | 12,745. | 1,821. | | 3,121. | 4,942. |
| 204 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | HY17 | 2,380. | | | | 2,380. | 340. | | 583. | 923. |
| 205 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 104,083. | | | | 104,083. | 14,869. | | 25,490. | 40,359. |
| 206 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | ну17 | 1,736. | | | | 1,736. | 248. | | 425. | 673. |
| 207 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 112,093. | | | | 112,093. | 16,013. | | 27,451. | 43,464. |
| 208 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | HY17 | 3,005. | 10 | | | 3,005. | 429. | | 736. | 1,165. |
| 209 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 123,339. | | | | 123,339. | 17,620. | | 30,206. | 47,826. |
| 210 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 170,739. | | | | 170,739. | 24,391. | | 41,814. | 66,205. |
| 211 | THR3E DESIGN | 09/01/22 | 200DB | 7.00 | ну17 | 495. | | | | 495. | 71. | | 121. | 192. |
| 212 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 5,802. | Tid | PARM | | 5,802. | 829. | | 1,421. | 2,250. |
| 213 | TELLEPSEN INTERIORS | 09/01/22 | 200DB | 7.00 | ну17 | 52,222. | | | | 52,222. | 7,460. | | 12,789. | 20,249. |
| 214 | VARIDESK DONATIONS | 09/01/22 | 200DB | 5.00 | HY17 | 18,000. | | | | 18,000. | 3,600. | | 5,760. | 9,360. |
| 215 | DONATION FROM VARIDESK FOR COLLIDER | 09/01/22 | 200DB | 5.00 | ну17 | 40,104. | | | | 40,104. | 8,021. | | 12,833. | 20,854. |
| 216 | HALL BATH TOILET, NEW VINYL | 03/01/23 | 150DB | 15.00 | HY19 | 1,150. | | | | 1,150. | | | 12. | 12. |

990

| Asset No. | Description | Date Acquired | Method | Life | C o n No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--|------------------|--------|-------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 217 | FENCE | 03/01/23 | 150DB | 15.00 | HY191 | 3,836. | | | | 3,836. | | | 38. | 38. |
| 218 | COLUMBIA PERIMETER DOORS | 01/01/23 | 200DB | 7.00 | H¥190 | 1,053. | | | | 1,053. | | | 30. | 30. |
| 219 | CLOTHES CABINETS | 02/01/23 | 200DB | 7.00 | ну190 | 1,980. | | | | 1,980. | | | 56. | 56. |
| 220 | CLOTHES CABINETS | 03/01/23 | 200DB | 7.00 | ну190 | 1,620. | | | | 1,620. | | | 46. | 46, |
| 221 | WASHER AND DRYER | 06/01/23 | 200DB | 5.00 | HY19E | 1,527. | | | | 1,527. | | | 61. | 61, |
| 222 | MATRESSES FOR COLUMBIA | 09/01/23 | 200DB | 7.00 | ну190 | 7,830 | | | | 7,830. | | | 223. | 223. |
| 223 | LAPTOP FOR MERCURY | 01/01/23 | 200DB | 5.00 | HY19E | 1,287. | | | | 1,287. | | | 51, | 51. |
| 224 | LAPTOP FOR LIFE CADDIES AND TWO MONITORS | 01/01/23 | 200DB | 5.00 | HY19E | 3,417. | III. | | | 3,417. | | | 137. | 137. |
| 225 | 120 CHAIRS FOR ESTES | 01/01/23 | 200DB | 5.00 | ну19в | 14,742. | | | | 14,742. | | | 589. | 589. |
| 226 | 120 CHAIRS FOR CLEVELAND | 01/01/23 | 200DB | 5.00 | ну 19в | 14,742. | | | | 14,742. | | | 589. | 589. |
| 227 | 100 CHAIRS | 01/01/23 | 200DE | 5.00 | НУ19Е | 1,850. | | | | 1,850. | | | 74. | 74. |
| 228 | 300 CHAIRS | 01/01/23 | 200DB | 5.00 | ну19в | 5,550. | | | | 5,550. | | | 222. | 222. |
| 229 | 300 CHAIRS | 01/01/23 | 200DB | 5.00 | НУ19н | 3,700. | | | | 3,700. | | | 148. | 148. |
| 230 | DESKTOP FOR PHI | 03/01/23 | 200DB | 5.00 | ну19н | 1,244. | | | | 1,244. | | W. B | 49. | 49. |
| 231 | PORTABLE SPEAKERS | 04/01/23 | 200DE | 5.00 | нұ19в | 1,600. | | | | 1,600. | | | 64. | 64. |
| 232 | LAPTOP FOR MADONNA | 05/01/23 | 200DB | 5.00 | H¥19E | 1,301. | | | | 1,301. | | | 52. | 52. |
| 233 | TWO COMPUTERS | 06/01/23 | 200DB | 5.00 | HY19E | 1,724. | | | | 1,724. | | | 69. | 69. |
| 234 | SWITCHES FOR COLLIDER NETWORK | 04/01/23 | 200DB | 5.00 | H¥19E | 1,716. | | | | 1,716. | Waller and | | 68. | 68. |

| Asset No. | Description | Date Acquired | Method | Life | C o n No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-----------------------------------|------------------|--------|------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 235 | BACKUP SERVER FOR ESTES COMPUTER | 07/11/23 | 200DB | 5.00 | H¥191 | 1,300. | | | | 1,300. | | | 52. | 52. |
| 236 | LAPTOP FOR LIFE CADDIE IN HOUSTON | 08/01/23 | 200DB | 5.00 | ну19в | 1,150. | | | | 1,150. | | l best | 46. | 46. |
| 237 | DEHUMIDIFIER FOR WAREHOUSE | 08/01/23 | 200DB | 5.00 | H¥19E | 1,100. | | | | 1,100. | | | 44. | 44. |
| 238 | SLR NIKON CAMERA KIT | 08/01/23 | 200DB | 5.00 | HY191 | 1,594. | | | | 1,594. | | | 64. | 64. |
| 239 | FLIPBOARD | 09/05/23 | 200DB | 5.00 | HY19E | 2,121. | | | | 2,121. | | | 85. | 85. |
| 240 | 40 STACK CHAIRS (80%) | 11/01/23 | 200DB | 5.00 | ну191 | 5,458. | 1 | | | 5,458. | | | 219. | 219. |
| 241 | 40 STACK CHAIRS (20%) | 11/01/23 | 200DB | 5.00 | ну191 | 1,365. | | | | 1,365. | | | 54. | 54. |
| 242 | LAPTOP FOR NOEL IVERSON | 11/01/23 | 200DB | 5.00 | ну191 | 1,657. | | | | 1,657. | , in | | 66. | 66. |
| 243 | 2016 ACURA RDX SUV, BLACK | 08/01/23 | 200DB | 5.00 | ну191 | 20,948. | | | | 20,948. | | | 838, | 838. |
| 244 | 2018 ACURA RDX SUV, BLACK | 09/01/23 | 200DB | 5.00 | HY191 | 26,207. | | | | 26,207. | | | 1,048. | 1,048. |
| 245 | PEP COLLIDER | 01/01/2 | 200DB | 5.00 | ну191 | 1,300. | | | | 1,300. | | | 52, | 52, |
| 246 | PEP COLLIDER | 02/01/2 | 200DB | 5.00 | ну191 | 17,289. | | | | 17,289. | | | 692. | 692. |
| 247 | PEP COLLIDER ROLLER A | 05/01/23 | 200DB | 5.00 | HY191 | 5,750. | | | | 5,750. | | | 230. | 230 |
| 248 | 3 RECEPTACLES IN WAREHOUSE | 08/01/23 | 200DB | 5.00 | НУ191 | 2,443. | | 7 | () - S. | 2,443. | | | 97. | 97. |
| | * TOTAL 990 PAGE 10 DEPR | Breite | | | | ,800,287. | | | 365,419. | 2,434,868. | 597,235. | 187111 | 293,596. | 890,831. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | 638,736. | | 14.0 | 365,419. | 2,273,317. | 597,235. | | | 884,666. |

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| Asset No, | Description | Date Acquired | Method | Life | C on v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-------------------------------------|------------------|--------|------|--------|-------------|-----------------------------|------------------|------------------------|--|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| | ACQUISITIONS | | | | | | 161,551. | | | 0. | 161,551. | 0. | | | 6,165 |
| | DISPOSITIONS/RETIRED | MAKE A | | | | | 24,264. | | | 14,566. | 9,698. | 9,698. | | | 9,698. |
| | ENDING BALANCE | | | | | | ,776,023. | | | 350,853. | 2,425,170. | 587,537. | | | 881,133. |
| | ENDING ACCUM DEPR LESS DISPOSITIONS | | | | | | | | | | | ,231,986. | | | |
| | ENDING BOOK VALUE | | | | Ш | | | | | | | ,544,037. | | | |
| | | | | | | | | | | e de la composição de l | | | | | |
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| 301 | | | | | - 10 | 4 | | | | | | | | | 1, 7 |
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| | | | | | | | | Ą. | | | | | l-câ | | id principal |
| | | | | | | | | | | | | | Chair a | | |

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

990

2023
Attachment
Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Attach to your tax return.

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

Name(s) shown on return PRISON ENTREPRENEURSHIP PROGRAM. FORM 990 PAGE 10 20-1384253 INC. 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. 1,160,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,890,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 1,132 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 286,299 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 3-year property 19a 144,082. YRS. HY 200DB 5,760 b 5-year property 12,483. 7 YRS. HY 200DB 355 7-year property C d 10-year property 4,986. 15 YRS. HY 150DB 50. 15-year property e 20-year property f S/L 25-year property 25 yrs. g MM S/L 27.5 yrs. Residential rental property h MM S/L 27.5 yrs. 1 39 yrs. MM S/L ì Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year C 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 293,596. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

| Form 4562 (2023) | INC | | | | | | | | | | | 20 | -1384 | 4253 | Pag | |
|--|--|---|--------------------|---------------------|---------|-------------|---|---|--|----------|---|----------|------------------------|-----------|---------------|--|
| Part V Listed Pro | perty (Include an | utomobiles, o | certain o | ther vehi | cles, d | certain | aircra | ft, an | d propert | y used | for | | | | | |
| Note: For a | anv vehicle for w | hich vou are | usina th | e standa | rd mil | eage ra | ite or | dedu | cting leas | e expe | nse, con | nolete 4 | only 24a | | | |
| 24b, colum | nns (a) through (c |) of Section A | A, all of S | Section E | 3, and | Section | n C if | appli | icable. | | | | | | | |
| | n A - Depreciation | | | | autior | | the in: | | | | | | | $\dot{}$ | | |
| 24a Do you have evidence | 7 | | ent use c | laimed? | | Yes | 4.3 | No | 24b lf "\ | 'es," is | | ence wr | itten? _ | Yes | | |
| (a) Type of property | (b) Date | (c) Business | / | (d) | | Basis for | (e) depreci | iation | (f) | | (g) | D | (h) | F | (i) lected | |
| (list vehicles first) | placed in service | investmer use percenta | | Cost or other basis | | (business | s/invest | | Recovery period | | lethod/ nvention | | Depreciation deduction | | tion 17 | |
| OF Coopiel depresention | 25 Special depreciation allowance for qualified list | | | | | use only | | | | | | - | | | cost | |
| | | | | | | | | | | | | | | 18.5 | | |
| used more than 50% 26 Property used more | than 50% in a gu | isiness use | 000 1100 | | | | | | | | 25 | | | | | |
| 26 1 Toperty used more | man 50% in a qu | amieu busin | | | | | | | | | | | | T | | |
| | 3 1 | | % | | - | | | | | | | - | | - | _ | |
| - | | | % | | _ | | | | | - | | | | - | | |
| 27 Property used 50% of | or less in a qualifi | | | | | | | | | | | | | | | |
| ZI Troperty used 5078 (| or less irra qualifi | | | | T | | | | | 0.0 | | 7 | | | | |
| | | | % | | - | | | - | | S/L - | | + | | - | | |
| | | | % | | - | | | - | | S/L - | | + | | 3 127 | | |
| 28 Add amounts in colu | ımn /h) lince 25 t | | | o and an | Jipo (| 11 200 | . 1 | | | S/L - | 00 | - | | | | |
| 29 Add amounts in colu | | | | | | | | | | | | | | | | |
| 29 Add amodnis in cold | irin (i), iirie 20. Ei | | | B - Infor | | | | | ······································ | | | | 29 | | | |
| Complete this section for | r vahialaa uaad h | | | | | | | | | .1.1 | | | | | | |
| Complete this section for | | | | | | | | | | | | | | | | |
| to your employees, first a | answer the quest | ions in Section | on C to s | see if you | ı mee | t an exc | ceptio | n to | completin | g this s | ection fo | or those | vehicles. | | | |
| | | | T | | | | | | | | | | | | | |
| 20 Total husingso/investme | | ulaa Aba | 1 | (a) | ١,, | (b) | | | (c) | (d) | | | (e) | | f) | |
| 30 Total business/investme | Ven | icle 1 | Vehicle 2 | | | Vehicle 3 | | Vehicle 4 | | Ver | Vehicle 5 | | icle 6 | | | |
| year (don't include com | | | - | | _ | | - | | | | | - | | | | |
| 31 Total commuting mile | | | | | | | - | | | | | - | | | | |
| 32 Total other personal | | | | | | | | | | | | | | | | |
| driven | | *************************************** | | | - | | - | _ | | | | | | | _ | |
| 33 Total miles driven du | | | | | | | | | | | | | | | | |
| Add lines 30 through | | | | T | | Τ | + | | _ | | T | - | E . | | | |
| 34 Was the vehicle avail | | | Yes | No | Yes | s N | • | Yes | No | Yes | No | Yes | No | Yes | No | |
| during off-duty hours | *************************************** | | - | | | - | - | | + | | | - | | | | |
| 35 Was the vehicle used | | | | | | | | | - 1 | | | | | | | |
| than 5% owner or rela | | | | - | | - | + | | - | | - | - | - | | | |
| 36 Is another vehicle ava | | | | | | | | | 1 1 | | | | | | | |
| use? | | | | | | | | | 11 | | | | | | | |
| ta de la companya de | Section C - | | | | | | | | | | | | | | | |
| Answer these questions t | | u meet an ex | ception | to comp | leting | Section | n B fo | r veh | icles used | by en | ployees | who a | ren't | | | |
| nore than 5% owners or i | | | 1. 11. 11 | | | | | | | | | | | _ | _ | |
| 7 Do you maintain a wri | | | | | | | | | | | | | | Yes | No | |
| employees? | | | | | | , | • | | | | ••••• | | | | - | |
| B Do you maintain a wri | | | | | | | | | | | our | | | | 1 | |
| employees? See the i | | | | | | | | | | | | | | | _ | |
| 9 Do you treat all use of | | | | | | | | • | | | • | | | | - | |
| Do you provide more the use of the vehicles | | | | | | | | | | | | | | | | |
| the use of the vehicles | | | | ******* | | | | | | ••••• | | | | | - | |
| 1 Do you meet the requ | | | | | | | | | | | | | | - | | |
| Note: If your answer t Part VI Amortization | | or41 is "Yes | s," don't | complete | e Sec | tion B t | or the | cove | ered vehic | les. | | | | | 24 | |
| (a | | | (b) | | (0) | | | | /-I\ | | (0) | | | 10 | | |
| Description | (b) mortization | , | (c) Amortizable | | | (d) Code | | (e) Amortizati | | ion | n Amr | | (f) ortization | | | |
| Amortization of costs | that harrian deet | | pegins | | amou | nt | | _ | section | | period or perc | | for | this year | | |
| 2 Amortization of costs | mat begins dunn | | | : | | | | | | | | | | | | |
| | | | i | | | | - | _ | | - | | _ | | | | |
| 0 | about book of the | | | | | | | | | | | | | | | |
| 3 Amortization of costs | | | - | | | | | | | | | 43 | | | | |
| 4 Total. Add amounts in | column (f). See | tne instructio | ons for w | <u>rhere to r</u> | eport | | | | | | ******* | 44 | | | | |