



May 15, 2024

Every Campus a Refuge 4301 United Street Greensboro, NC 27407

Every Campus a Refuge:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Addison Maille

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Every Campus a Refuge 4301 United Street Greensboro, NC 27407

Prepared By:

Carr, Riggs & Ingram, P.L.L.C. PO Box 5869 High Point, NC 27262

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024

g	879-TE		IR	S E-file	e Signature A a Tax Exemp	Authorizatio	n		OMB No. 1545-0047
Form Q	019-12								
		For calendar yea	ar 2023, or		, 2 , 2			²⁰	2023
	ent of the Treasury		0.		end to the IRS. Keep f	-	-		
Name o	Revenue Service		Go	to www.irs.	gov/Form8879TE for	the latest mormatio	n.	EIN or SSN	
Nume o		CAMPUS 2	א סדי	FIICE				82-273	1510
Nama a			_	ONATHAN	ν ματ			02-275	1312
warne a	nd title of officer or pe	erson subject to t		REASURE					
Part	Type of	Return and							
						a applicable amount	if any from	a tha ratium F	form 2022 CD and
Form 5 or 10a whiche	330 filers may ente below, and the am	er dollars and ce ount on that lin	ents. For	r all other forr e return being	n 8879-TE and enter th ms, enter whole dollars g filed with this form wa tered -0- on the return,	only. If you check the as blank, then leave lir	e box on lii ne 1b, 2b,	ne 1a, 2a, 3a 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a	Form 990 check	here	Xt	Total reve	nue, if any (Form 990,	Part VIII, column (A), I	line 12)	1	b <u>595,981.</u>
2a	Form 990-EZ che	1							b
3a	Form 1120-POL	check here			Form 1120-POL, line 2				b
4a	Form 990-PF che	eck here			l on investment incom				b
5a	Form 8868 check				ue (Form 8868, line 3c				b
6a	Form 990-T chec				Form 990-T, Part III, lin				b
7a	Form 4720 check								b
8a	Form 5227 check				sets at end of tax yea				b
9a	Form 5330 check	,			Form 5330, Part II, line				b
10a	Form 8038-CP c				f credit payment requ				0b
Part	II Declara	tion and Sig	natur	e Authoriz	ation of Officer o	r Person Subjec	t to Tax		
Under	penalties of periurv	. I declare that	XIa	am an officer	of the above entity or	I am a person su	ubiect to ta	ax with respec	t to (name
of entit					, (E	-	-	-	
interme acknow of any entry te financi later th payme person	ediate service provi wledgement of rece refund. If applicable o the financial instit al institution to deb lan 2 business days nt of taxes to receiv al identification nur	der, transmitter ipt or reason fo e, I authorize th ution account i it the entry to t s prior to the pa ve confidential mber (PIN) as m	r, or elec or rejecti le U.S. T ndicated his acco ayment (informat	ctronic return on of the tran reasury and i d in the tax pr ount. To revok settlement) da ion necessar	the amount shown on t originator (ERO) to ser ismission, (b) the reas its designated Financia reparation software for (e a payment, I must c ate. I also authorize th y to answer inquiries a lectronic return and, if	nd the return to the IR on for any delay in pro- al Agent to initiate an e payment of the feder ontact the U.S. Treasu e financial institutions nd resolve issues rela	IS and to re ocessing the electronic frait axes of ury Financi involved in ted to the	eceive from th he return or re funds withdrav wed on this re ial Agent at 1- n the processi payment. I ha	e IRS (a) an fund, and (c) the date wal (direct debit) turn, and the 888-353-4537 no ng of the electronic ve selected a
	heck one box only		3 22	TNGRAM	1, P.L.L.C.		to	enter my PIN	71240
L			<u>30 a</u>		ERO firm name		10	enter my Pin	Enter five numbers, but
				ſ					do not enter all zeros
	with a state age on the return's o As an officer or	ency(ies) regulat disclosure cons person subject	ting cha sent scre to tax v	rities as part o een. vith respect to	filed return. If I have in of the IRS Fed/State p o the entity, I will enter opy of the return is beir	rogram, I also authoriz my PIN as my signati	ze the afor ure on the	ementioned E tax year 2023	RO to enter my PIN electronically filed
					eturn's disclosure cons	• •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
Signature	of officer or person subje	0	,					Date	
Part		ation and Au	uthent	ication				Date	
EBO's	EFIN/PIN. Enter y	our six-digit ele	ctronic f	ilina identific:	ation				
	er (EFIN) followed by	-		-		566128 Do not ente			
submit					ignature on the 2023 e Pub. 4163, Modernize				
ERO's s	ignature <u>CAR</u>	R, RIGG	S & 1	INGRAM,	P.L.L.C.	Date	05/	15/24	
			FP	O Must R	etain This Form -	See Instructions	s		
		Do No			orm to the IRS Ur			50	
Eer D-	ivacy Act and Pap					neguesieu	10 00 0		Form 8879-TE (2023)
FULP	wacy Act and Pap		GOT ACT	NULCE, SEE				I	(2023)
LHA a	802521 01-05-24								

Form	990
Form	990

Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

B Check if applicable: C Name of organization								
аррисарие:		D Employer identific	cation number					
Address EVERY CAMPUS A REFUGE								
Name	Name							
	Room/suite	82-273153 E Telephone number						
Final Feturn/ 4301 UNITED STREET		33690849						
termin- ated City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	595,981.					
Amended GREENSBORO, NC 27407		H(a) Is this a group re						
Applica- tion F Name and address of principal officer: JONATHAN MAJ		for subordinates						
pending 104 TIMBERVIEW DR, SWANNANOA, NC 27403		H(b) Are all subordinates in						
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions					
J Website: EVERYCAMPUSAREFUGE.NET		H(c) Group exemption	n number					
K Form of organization: X Corporation Trust Association Other	L Year	of formation: 2017 N	State of legal domicile: NC					
Part I Summary								
1 Briefly describe the organization's mission or most significant activities: IN RE	ESPONS	E TO POPE FF	RANCIS'					
CALL ON EVERY EUROPEAN PARISH TO HOST ONE 2 Check this box if the organization discontinued its operations or dispose 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12								
2 Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.					
3 Number of voting members of the governing body (Part VI, line 1a)		3	4					
4 Number of independent voting members of the governing body (Part VI, line 1b)			4					
δ Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0 100					
6 Total number of volunteers (estimate if necessary)	otal number of volunteers (estimate if necessary)							
7 a Total unrelated business revenue from Part VIII, column (C), line 12			0.					
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
		Prior Year	Current Year					
8 Contributions and grants (Part VIII, line 1h)		275,825.	595,981.					
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 		0.	0.					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		275,825.	595,981.					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,378.	32,851.					
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
 b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a, 11d, 11f, 24e) 	-	0.	0.					
b Total fundraising expenses (Part IX, column (D), line 25)	0.	226 010	470.005					
		336,019.	470,085.					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>402,397.</u> -126,572.	502,936.					
19 Revenue less expenses. Subtract line 18 from line 12			93,045.					
5 5000 5 5000 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20		ginning of Current Year	End of Year					
Image: Second	······	284,558. 0.	<u> </u>					
Image: Second		284,558.	377,603.					
Ž팀 22 Net assets or fund balances. Subtract line 21 from line 20		204,000	577,005.					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the best of my	knowledge and helief it is					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whi			הווסאווטעט עווע שטווטו, וג וס					

Signature of officer Date Sign JONATHAN MAJ TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/15/24 P00294569 ADDISON MAILLE self-employed Paid ADDISON MAILLE Firm's EIN 72-1396621 Firm's name CARR, RIGGS & INGRAM, P.L.L.C. Preparer PO BOX 5869 Use Only Firm's address Phone no. 336.884.0410 HIGH POINT, NC 27262 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2023) EVERY CAMPUS A REFUGE	82-2731512 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	IN RESPONSE TO POPE FRANCIS' CALL ON EVERY EUROPEAN PAR	ISH TO HOST ONE
	REFUGEE FAMILY, EVERY CAMPUS A REFUGE WAS FOUNDED AT GU	JILFORD COLLEGE
	BY DR. DIYA ABDO IN SEPTEMBER OF 2015 TO CALL ON EVERY	COLLEGE AND
	UNIVERSITY IN THE WORLD TO PARTNER WITH THEIR LOCAL REP	UGEE
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes 🔀 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$437,990. including grants of \$32,851.) (Reference of the second secon	evenue \$)
	OUR SOLE PROGRAM IS TO HELP HOST ONE REFUGEE FAMILY.	WE DO THIS BY
	CALLING ON EVRY COLLEGE AND UNIVERSITY TO PARTNER WITH	
	REFUGEE RESETTLEMENT AGENCIES TO HOUSE REFUGEES ON CAMP	US GROUNDS AND
	ASSIST THEM IN RESETTLEMENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Reference of \$) (Reference of \$)	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reference of \$) (Reference of \$)	evenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 437,990.	
		Form 990 (2023)
332002	2 12-21-23	
	2	

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Form	990	(2023)
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Form 990 (2023) EVERY CAMPUS A REFUGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C		11c		х
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			- 23
a		444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	
332003	12-21-23	Form	990 ((2023)

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	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u></u>
	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			
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		1 00		1
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	¥ 12-21-23	Form	990	(2023)
	4			

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Form	990 (2023) EVERY CAMPUS A REFUGE		82-2731	512	Р	_{age} 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		x		
				7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa							
•	to file Form 8282?			7c		x		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g				
-	If the organization received a contribution of qualified intellectual property, did the organization mer of			79 7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
0		-		8				
9	Sponsoring organization have excess business holdings at any time during the year?							
				9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>		
	Section 501(c)(7) organizations. Enter:			30				
10	Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-				
	Section 501(c)(12) organizations. Enter:			-				
11	Gross income from members or shareholders	11a	1					
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		-				
U		11b						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		۱ ۲	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	:	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154				
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
U		13b	1					
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	130 13c						
				140		x		
				14a		- <u></u>		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		├──		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x		
	excess parachute payment(s) during the year?			15				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inco	202	40		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incor	ne?	16				
47	If "Yes," complete Form 4720, Schedule O.	LI, /IL' -						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active upday parties the imposition of an available to upday parties 1051, 1052 or 10522			4-				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.			Г	900	(0000)		
332005	12-21-23			Form	330	(2023)		

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Form 990	(2023)
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EVERY CAMPUS A REFUGE

 Form 990 (2023)
 EVERY
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 82-2731512
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			X	
•	•••			

Sec	tion A. Governing Body and Management				1	
		1.	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	4	Ł		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	1b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
3			st supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ť		<u> </u>
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	<u> </u>
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(··· j /		
	Own website Another's website X Upon request Other (explain	n on Se	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	JONATHAN MAJ - 336-908-4976					
	4301 UNITED STREET, GREENSBORO, NC 27407					
332006	12-21-23			Forr	n 990	(2023)
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2023.03040 EVERY CAMPUS A REFUGE

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one				۱.		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle: cer ar	ss pei	rson i	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HALI ROSE KOHLS	0.00	v						0	0	0
DIRECTOR (2) JONATHAN MAJ	10.00	Х						0.	0.	0.
TREASURER	10.00	x		x				0.	0.	0.
(3) DIYA ABDO	10.00									
PRESIDENT		х		х				0.	0.	0.
(4) WALID MOSARSAA	10.00									
SECRETARY		Х		X				0.	0.	0.
(5) NOUR SALHOUB DIRECTOR	0.00	x						0.	0.	0.
		-								
332007 12-21-23	1	I		I			I	1	1	Form 990 (2023)

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	990 (2023) EVERY CAN									82-2731	512	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per	(do	not cl	(C Posi heck i	C) ition		one	ompensated Employee (D) Reportable compensation	<u>s (continued)</u> (E) Reportable compensation		(F) timated	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Dep		Highest compensated 1, 1	Former (a	from the organization (W-2/1099-MISC/ 1099-NEC)	the organizations organization (W-2/1099-MISC/ (W-2/1099-MISC/ 1099-NEC)			ion on ed ons
	Subtotal								0.	0.			0.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	0.			0.
2	Total number of individuals (including but ne compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Vee	0
3	Did the organization list any former officer,											Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con											I	<u> </u>
• 	the organization. Report compensation for t												
	Name and business	address	NC	ONE	2			_	Description of s	ervices		nsation	
								_					
								_					
								+					
2	Total number of independent contractors (ir	•	ot lin	nitec	l to 1	thos	e lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	ation				U	,				E a una	990 (a	

332008 12-21-23

			2023) EVERY CAMPUS	A REFUGE			82-2731	512 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, Mo G		с	Fundraising events 1c					
ar /			Related organizations 1d					
inil S		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and	F0F 001				
D∯			similar amounts not included above 1f	595,981.				
ont		-	Noncash contributions included in lines 1a-1f		595,981.			
<u>0</u> a		n	Total. Add lines 1a-1f	Business Code	595,901.			
0	2	а		Dubinees oode				
Program Service Revenue	-	b		_				
Ser		с						
eve		d						
- DGC BCC		е		_				
đ		f	All other program service revenue					
	_	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
	4		other similar amounts) Income from investment of tax-exempt bonc					
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
			assets other than inventory 7a					
Ð		D	Less: cost or other basis and sales expenses 7b					
venue		c	and sales expenses 7b Gain or (loss) 7c					
Rev			Net gain or (loss)					
ler F	8		Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	За				
				3b				
			Net income or (loss) from fundraising events	· · · · · · · · · · · · · · · · · · ·				
	9	а	Gross income from gaming activities. See	9a				
		h	· · · · · · · · · · · · · · · · · · ·	9a 9b				
			Net income or (loss) from gaming activities_					
	10		Gross sales of inventory, less returns					
			-	0a				
		b		0b				
		с	Net income or (loss) from sales of inventory					
s				Business Code				
leor	11	a		-				
iscellaneous Revenue		b		-				
Be		c d	All other revenue	-				
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		595,981.	0.	0.	0.
33200	9 12	-21-						Form 990 (2023)

2023.03040 EVERY CAMPUS A REFUGE

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			• • • • •	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	32,851.	32,851.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	650.		650.	
С	Accounting	3,350.		3,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	975.		975.	
12	Advertising and promotion				
13	Office expenses	34,293.		34,293.	
14	Information technology				
15	Royalties				
16	Occupancy	07 040	00.040		
17	Travel	27,948.	27,948.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 100		1 100	
23		4,489.		4,489.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICES & LAB	362,029.	362,029.		
b	OVERHEAD EXPENSE	17,835.	. ,	17,835.	
c	COMMUNITY OUTREACH & EV	9,162.	9,162.	,	
d	CHAPTER SUPPORT AND COM	4,672.	4,672.		
	All other expenses	4,682.	1,328.	3,354.	
25	Total functional expenses. Add lines 1 through 24e	502,936.	437,990.	64,946.	0.
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

332010 12-21-23

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Form **990** (2023)

Form 990 (2023)

EVERY CAMPUS A REFUGE Part IX Statement of Functional Expenses

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284,558.

284,558.

284,558.

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EVERY CAMPUS A REFUGE Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 284,558. 377,603. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 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% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 377,603. 284,558. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 **Total liabilities.** Add lines 17 through 25

X

377,603. Form 990 (2023)

377,603.

377,603.

Form 990 (2023)

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Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2023) EVERY CAMPUS A REFUGE	82-	2731512	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	595	, 9	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	502	, 91	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	93	,0	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	284	, 5!	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	377	,6	<u>03.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

ormation.		Inspection
	Employer	identification nu

OMB No. 1545-0047

Open to Public

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.

L

Name of the organization

Name	me of the organization Employer identification number 0.0 0721510									
Devi			Y CAMPUS A						2-2731512	
Par		Reason for Public (ee instruction	S.		
	gani	zation is not a private found			•	-				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3 [A hospital or a cooperative								
4 [A medical research organize	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,	
- [_	city, and state:						ait al a a suile.		
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
o [_	section 170(b)(1)(A)(iv). (C		e e se la completa de la completa d			()			
6 L	X	A federal, state, or local gov	•				.,		a de antipadia	
7 [Δ	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from tr	ie general	public described in	
o [section 170(b)(1)(A)(vi). (C	-	(1)(A)(vi) (Complete Der	+ 11 \					
8 L 9 [\exists	A community trust describe An agricultural research org				nd in coniu	unction with a	land grant	collogo	
9 L		or university or a non-land-g				-		-	-	
		university:	frant college of agric			lame, ony	, and state of	the conege		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membersh	in fees an	d aross receipts from	
10 [activities related to its exem								
		income and unrelated busir		•	. ,			• •		
		See section 509(a)(2). (Cor				eee aequi		,		
11		An organization organized a	-	velv to test for public sa	fetv. See	section 50)9(a)(4).			
12		An organization organized a						rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section a	509(a)(2).	See section	509(a)(3).	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	-							
С		Type III functionally inte	• • •					ly integrate	ed with,	
		its supported organization								
d		Type III non-functionally						-		
		that is not functionally int	0	• •			•	an attentiv	veness	
		requirement (see instructi	,	•						
е		Check this box if the orga					Type I, Type	п, туре п		
	Ento	functionally integrated, or the number of supported c	rachizationa		ng organiz	ation.				
		vide the following information	•	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)	
Totol										
Total							1			

5	The portion of total contributions					
	by each person (other than a					
	governmental unit or publicly					
	supported organization) included					
	on line 1 that exceeds 2% of the					
	amount shown on line 11,					
	column (f)					
6	Public support. Subtract line 5 from line 4.					
Se	ction B. Total Support					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
7	Amounts from line 4			405,000.	285,825.	595,98
8	Gross income from interest,					
	dividends, payments received on					
	securities loans, rents, royalties,					
	and income from similar sources					
9	Net income from unrelated business					
	activities, whether or not the					
	business is regularly carried on					
10	Other income. Do not include gain					
	or loss from the sale of capital					
	assets (Explain in Part VI.)					
11	Total support. Add lines 7 through 10					
12	Gross receipts from related activities,	etc. (see instructio	ons)			12
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, ^r	fourth, or fifth tax y	vear as a section 5	01(c)(3)
	organization, check this box and stop					<u></u>
Se	ction C. Computation of Publi	c Support Per	centage			
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15
16 a	a 33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check thi
	stop here. The organization qualifies	as a publicly supp	orted organization			
k	o 33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, cheo
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		
17a	a 10% -facts-and-circumstances test	- 2023. If the org	anization did not o			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the org
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	
k	0 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 1

membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge ...

Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and

- 4 Total. Add lines 1 through 3 The neution of total contribution

S

7	Amounts from line 4			405,000.	285,825.	595,981.	128680	06.
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						128680	06.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	phere						
Se	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))			100.00	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	100.00	%
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	as a publicly suppo	orted organization					X
b	33 1/3% support test - 2022. If the o	-			line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	o 10% -facts-and-circumstances test	: - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	t op here. Explain in	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar			
						Schedule A	(Form 990) 2	2023

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

(b) 2020

(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.)

(c) 2021

405,000.

405,000.

(d) 2022

285,825.

285,825.

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(f) Total

1286806.

1286806.

1286806.

(f) Total

(e) 2023

595,981.

595,981.

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(a) 2019

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

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

Sec	ction A. Public Support			-	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support				-				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с	Add lines 10a and 10b								
	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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,		
_									
	ction C. Computation of Public								
15	Public support percentage for 2023 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%		
	Public support percentage from 2022					16	%		
	ction D. Computation of Inves					<u> </u>			
	Investment income percentage for 20			ine 13, column (f))		17	%		
	Investment income percentage from					18	%		
19a	33 1/3% support tests - 2023. If the						7 is not		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support tests - 2022. If the								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins				
33202	3 12-21-23		15			Schedule /	A (Form 990) 2023		

2023.03040 EVERY CAMPUS A REFUGE

EVERY CAMPUS A REFUGE

1

Yes No

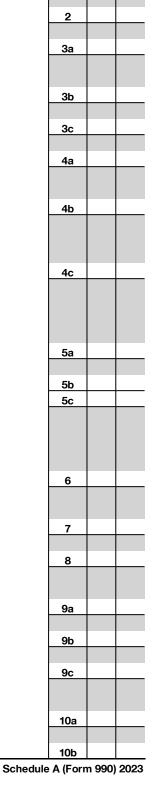
Part IV Supporting Organizations

(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.)

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Schedule A	(Form 990) 2	2023	EVERY	CAMPUS	Α	REFUGE
Part IV	Supporti	ing Organiza	ations (co	ntinued)		

2

V. N

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

SL	ipervis	ed. or c	ontrolle	d the sup	porting	n organizati	on.
Sectio	n C.	Type	II Sup	porting	Orga	anization	IS

 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
 Yes
 No

 1
 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control organization was vested in the same persons that controlled or managed
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Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

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

17

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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

EVERY CAMPUS A REFUGE

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
Ũ	(provide details in Part VI). See instructions.	le organization le responeive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023		(iii) 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				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Section D - Distributions

Current Year

EVERY CAMPUS A REFUGE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	(Form 990) 2023 EVERY	CAMPUS A RE	FUGE	82-2731512 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	3; Part IV, Section E, Iir	es 1c, 2a, 2b, 3a, and 3b; Par	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, rt for any additional information.
332028 12-21-2	3		20	Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

82-2731512

EVERY CA	AMPUS A	REFUGE
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Filers of:	Section:				
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

82-2731512

EVERY CAMPUS A REFUGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NATIONAL ASSOCIATION OF SYSTEM HEADS 3300 METZEROTT RD	\$45,000.	Person X Payroll Noncash
	ADELPHI, MD 20783		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JMK INNOVATION PRIZE	50.000	Person X Payroll
	71 WEST 23RD STREET, 9TH FLOOR NEW YORK, NY 10010	\$ <u>50,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JMK TECHNOLOGY FUND		Person X Payroll
	71 WEST 23RD STREET, 9TH FLOORNEW YORK, NY 10010	\$14,180.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARCH GROUP FOUNDATION HARBOSIDE 3210, HUDSON STREET, SUITE 300 JERSEY CITY, NJ 07311	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROCKEFELLER PHLANTROHPY ADVISORS6 WEST, 48TH STREET, 10TH FLOORNEW YORK, NY 10036	\$248,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

2023.03040 EVERY CAMPUS A REFUGE

Schedule	В	(Form	990)	(2023)
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Name of organization

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Employer identification number

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EVERY CAMPUS A REFUGE

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

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

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2023.03040 EVERY CAMPUS A REFUGE

Name of o	rganization			Employer identification number				
EVERY	CAMPUS A REFUGE			82-2731512				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
-		(e) Transfer of						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held				
	Transferee's name, address, a	gift Belationship of tr	ansferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	Relationship of tr	ansferor to transferee					

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Schedule B (Form 990) (2023)

2023.03040 EVERY CAMPUS A REFUGE

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							
Name of the organization							Employer identification number
EVERY CAM		JGE					82-2731512
Part I General Information on Grants a							
 Does the organization maintain records t criteria used to award the grants or assis 		-			-	stance, and the selection	
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							FUNDS USED FOR THE
JAMES MADISON UNIVERSITY							PURPOSE OF OUR SOLE
800 SOUTH MAIN STREET							PROGRAM, WHICH IS TO HELP
HARRISONBURG, VA 22807	54-6001756		9,899.	0.			HOST REFUGEE FAMILIES ON
							FUNDS USED FOR THE
CLEMSON UNIVERSITY FOUNDATION							PURPOSE OF OUR SOLE
1380 TIGER BLVD	55 0406005						PROGRAM, WHICH IS TO HELP
CLEMSON, SC 29631	57-0426335		10,000.	0.			HOST REFUGEE FAMILIES ON
ST AMBROSE UNIVERSITY							FUNDS USED FOR THE PURPOSE OF OUR SOLE
517 W LOCUST ST							PROGRAM, WHICH IS TO HELP
DAVENPORT, IA 52803	42-0703280		10,000.	0.			HOST REFUGEE FAMILIES ON

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

EVERY CAMPUS A REFUGE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JAMES MADISON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED FOR THE PURPOSE OF OUR

SOLE PROGRAM, WHICH IS TO HELP HOST REFUGEE FAMILIES ON COLLEGE AND

UNIVERSITY CAMPUSES. WE HELP COLLEGES AND UNIVERSITIES PARTNER WITH THEIR

LOCAL REFUGEE RESETTLEMENT AGENCIES TO HOUSE REFUGEES ON CAMPUS GROUNDS

AND WE ASSIST THEM IN RESETTLEMENT.

Schedule I (Form 990) EVERY CAMPUS A REFUGE	82-2731512 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED	FOR THE PURPOSE OF OUR
SOLE PROGRAM, WHICH IS TO HELP HOST REFUGEE FAI	MILIES ON COLLEGE AND
UNIVERSITY CAMPUSES. WE HELP COLLEGES AND UNIV	ERSITIES PARTNER WITH THEIR
LOCAL REFUGEE RESETTLEMENT AGENCIES TO HOUSE R	EFUGEES ON CAMPUS GROUNDS
AND WE ASSIST THEM IN RESETTLEMENT.	

NAME OF ORGANIZATION OR GOVERNMENT: ST AMBROSE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED FOR THE PURPOSE OF OUR

SOLE PROGRAM, WHICH IS TO HELP HOST REFUGEE FAMILIES ON COLLEGE AND

UNIVERSITY CAMPUSES. WE HELP COLLEGES AND UNIVERSITIES PARTNER WITH THEIR

LOCAL REFUGEE RESETTLEMENT AGENCIES TO HOUSE REFUGEES ON CAMPUS GROUNDS

AND WE ASSIST THEM IN RESETTLEMENT.

Schedule I (Form 990)

332291 04-01-23 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



EVERY CAMPUS A REFUGE

REFUGE 82-2731512

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

CAMPUS A REFUGE WAS FOUNDED AT GUILFORD COLLEGE BY DR. DIYA ABDO IN

SEPTEMBER OF 2015 TO CALL ON EVERY COLLEGE AND UNIVERSITY IN THE WORLD

TO PARTNER WITH THEIR LOCAL REFUGEE RESETTLEMENT AGENCIES TO HOUSE

REFUGEES ON CAMPUS GROUNDS AND ASSIST THEM IN RESETTLEMENT. THE IDEA

IS THAT UNIVERSITY AND COLLEGE CAMPUSES HAVE EVERYTHING NECESSARY

HOUSING, FOOD, CARE, SKILLS TO TAKE IN REFUGEES AND SUPPORT THEM AS

THEY BEGIN THEIR LIVES IN THEIR NEW HOMES.

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

RESETTLEMENT AGENCIES TO HOUSE REFUGEES ON CAMPUS GROUNDS AND ASSIST

THEM IN RESETTLEMENT. THE IDEA IS THAT UNIVERSITY AND COLLEGE CAMPUSES

HAVE EVERYTHING NECESSARY HOUSING, FOOD, CARE, SKILLS TO TAKE IN

REFUGEES AND SUPPORT THEM AS THEY BEGIN THEIR LIVES IN THEIR NEW HOMES.

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

THE ORGANIZATION PROVIDES ITS FORM 990 TO BOARD MEMBERS PRIOR TO FILING.

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

REVIEWED ANNUALLY.

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

THE ORGANIZATION MAKES IT FINANCIAL STATEMENTS, GOVERNING DOCS AND ITS

CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST TO THE PUBLIC.