EXTENDED TO NOVEMBER 15, 2024

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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.

and ending

OMB No. 1545-0047

Inspection

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change COMMUNITY GRIEF CENTER Name change ** ***** Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 4650 W. 20TH STREET 970-506-4114 termin-ated 221,164. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended GREELEY, CO 80634 H(a) Is this a group return Applica-F Name and address of principal officer: DEEANNE ZUHLKE Yes X No for subordinates? pending 4204 ARCHES STREET, GREELEY, CO 80634 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.COMMUNITYGRIEFCENTER.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association L Year of formation: 2015 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT GROUPS TO HELP PEOPLE OF Activities & Governance ALL AGES GRIEVING A DEATH FIND CONNECTION AND HEALING Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 110,448. 98,484. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 784. 2,469. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 89,065. 120,211. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 200,297. 221,164. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 60,908. 81,941. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 92,207. 95,315. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 153,115. 177,256. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,182. 43,908. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 366,257. 410,862. 20 Total assets (Part X, line 16) 1.144. 1,841. 21 Total liabilities (Part X, line 26) 365,113. 409,021. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign DEEANNE ZUHLKE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid MARCIA L. SIEBRING P00291972 self-employed MARCIA L. SIEBRING, CPA Preparer Firm's name Firm's EIN Firm's address 1035 37TH AVENUE COURT Use Only Phone no. 970-392-1486 GREELEY, CO 80634-2576 May the IRS discuss this return with the preparer shown above? See instructions X Yes

ı a	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission: TO CREATE A SUCCESSFUL CENTER TO HELP ALL AGES GRIEVING A DEATH TO									
	FIND CONNECTION AND HEALING									
2	2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ves	X No							
	If "Yes," describe these new services on Schedule O.									
3		Yes	X No							
	If "Yes," describe these changes on Schedule O.									
4										
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	expenses,	and							
4a	125 422	98,	484.)							
	SUPPORTING THE BEREAVED IN OUR COMMUNITY AS THEY WALK THROUGH									
	UNIQUE JOURNEY OF GRIEVING THE DEATH OF A LOVED ONE.									
4b	tb (Code:) (Expenses \$ including grants of \$) (Revenue \$									
40										
4c	1c (Code:) (Expenses \$ including grants of \$) (Revenue \$)							
4d	4d Other program services (Describe on Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)_								
4e	125 422									
		_ /	000							

Form 990 (2023) COMMUNITY GRIEF CENTER 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)?		х	
2	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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,	<u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	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	Ü		
Ŭ	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	Ť		
	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, VIII, 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,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ _{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_	000	(0000)

Form 990 (2023) COMMUNITY GRIEF CE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		Х
24 a	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			77
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.,		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	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	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

COMMUNITY GRIEF CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			37
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		X
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
р	If "Yes," enter the name of the foreign country	accounts (FDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E-0		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		<u> </u>		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			
11	Section 501(c)(12) organizations. Enter:	TOD			
'' a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1 ,_		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	± i======0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O.	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n roo, complete i cimi coca.				

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

	to mile da, as, or resistant and another another and another and another another and another another another another another and another anoth			Х						
	Check if Schedule O contains a response or note to any line in this Part VI			Δ						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	-								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	· · · · · · · · · · · · · · · · · · ·									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.		,							
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial							
	statements available to the public during the tax year.	iui	141							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	THE ORGANIZATION - 970-506-4114									
	4650 W. 20TH STREET, GREELEY, CO 80634									

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

Check if Schedule O contains a res	nanca ar nata ta an	uling in this Dort VII	
Check if Schedule O Contains a res	bonse of note to an	v iii le ii i ti iis Fait 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.

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

- 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	box	not c	heck ss pe	more	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	High est compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DEEANNE ZUHLKE	40.00	,,			4			76 750		_
(2) JENNIFER SISNEROS	24.00	Х						76,750.	0.	0.
(2) JENNIFER SISNEROS PROGRAM DIRECTOR	24.00	x						19,500.	0.	0.
(3) BARBARA WASUNG	5.00			r –				15,500.	0.	0.
TREASURER	3.00	X						0.	0.	0.
(4) DEBORAH A. BAKER	5.00							•	•	
CLINICAL SUPERVISOR		х						0.	0.	0.
(5) TERRALYN DEMONEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) AL BAKER	10.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KAY BRODERIUS	5.00									
SECRETARY	F 00	Х						0.	0.	0.
(8) TIFFANY SKOGLAND	5.00	x						0.	0.	0.
VICE PRESIDENT (9) KAREN TRUSLER	10.00	^						0.	0.	0.
PRESIDENT	10.00	x						0.	0.	0.
(10) CHRIS MAYHUE	1.00	^						0.	0.	•
BOARD MEMBER	1.00	x						0.	0.	0.
(11) SAMANTHA WHITE	1.00								•	•
BOARD MEMBER		x						0.	0.	0.
(12) YOLANDA MENDOZA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MARK KIEFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) PATRICIA SORBO	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								

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Part VII S	ection A. Officers, Directors, Trus		ploy	ees			ighe	st C			-			
	(A)	(B)	(C) Position					(D)	(E)			(F)		
	Name and title	Average hours per		not c	heck	more	1 than is bot		Reportable Reportal compensation compensation			l	timate nount o	
		week	\vdash	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		l	other	
		(list any hours for	Individual trustee or director Institutional trustee Officer Officer Asymptose Highest compensated employee Employee Former			the organization	organization (W-2/1099-MIS			pensat om the				
		related	.ee or 0	stee			nsateo		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	al trust	ınal tru		loyee	ompe		1099-NEC)				d relate	
		below line)	udividu	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	anizatio	ons
		,	드	드	5	<u> </u>	Ξb	프						
				_										
					4									
1b Subtota	ıl								96,250.		0.			0.
c Total fr	om continuation sheets to Part V	II, Section A					,		0.		0.			0.
	dd lines 1b and 1c)								96,250.	000 - 6	0.			0.
	mber of individuals (including but nustring the modern of individuals (including but no individuals) and individuals are included in the individuals are included in the individuals are included in the individuals (including but no individuals).	iot iimitea to tr	iose	IISTE	eu ai	DOV	e) wi	no r	eceived more than \$100	,000 of reportab	ie			0
	J				7								Yes	No
	organization list any former officer,	•		•		•		_		•				v
	If "Yes," complete Schedule J for sindividual listed on line 1a, is the su											3		X
•	ted organizations greater than \$15	-		-					•	une organization		4		Х
-	person listed on line 1a receive or	· ·				-					;			
	d to the organization? If "Yes," com dependent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
	te this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
	anization. Report compensation for								n the organization's tax					
	(A) Name and business	address	NO	INC	3				(B) Description of s	ervices	С	ompe)	;) nsatior	1
-														
								\dashv						
	mber of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,00	00 of compensation from the organi	zation				-	0					Form	990 (2	0033/

_** COMMUNITY GRIEF CENTER Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 5,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 93,484 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 98,484. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,469 2,469. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 8a 120,211 Part IV, line 18 **b** Less: direct expenses 120,211. 120,211. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

221,164.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3		76,750.	53,725.	23,025.	
•	trustees, and key employees	70,730.	33,723.	23,023.	
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		A		
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,191.	3,634.	1,557.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
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,	1 120		1 120	
	column (A), amount, list line 11g expenses on Sch O.)	1,138.		1,138.	
12	Advertising and promotion	26.	23.	3.	
13	Office expenses	2,915.	2,624.	291.	
14	Information technology	4,013.	3,612.	401.	
15	Royalties				_
16	Occupancy	43,871.	39,484.	4,387.	
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	T				
20	Interest			+	
21	Payments to affiliates	445.		445.	
22	Depreciation, depletion, and amortization	5,366.	4,829.	537.	
23	Insurance	5,300.	4,049.	557.	
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.)	44 004			
а	EDUCATION	11,281.	7,897.	3,384.	
b	PROGRAM EXPENSE	7,242.	6,518.	724.	
С	INTERN STIPEND	7,082.	7,082.		
d	TELEPHONE	3,967.	3,570.	397.	
е	All other expenses	7,969.	2,424.	3,134.	2,411.
25	Total functional expenses. Add lines 1 through 24e	177,256.	135,422.	39,423.	2,411.
26	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
0000	0. 12-21-23				Form 990 (2023)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) Beginning of year End of year 2. Cash - non-interest-bearing 1 352,107. 397,158 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 7,131. basis. Complete Part VI of Schedule D _____ 10a 848. 403. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 13,300. Other assets. See Part IV, line 11 13,300. 15 15 366,257. 410,862. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 1,144. 1,841. of Schedule D 1,144. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 30 365,113. 409,021. 31 31 Retained earnings, endowment, accumulated income, or other funds

410,862. Form **990** (2023)

409,021.

365,113.

366,257.

33

32

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	1,1	64.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,2		
3	Revenue less expenses. Subtract line 2 from line 1	3			08.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	5,1	13.	
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,			9,0		
	column (B)) 10					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
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	d 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 separat	e 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** **_**** COMMUNITY GRIEF CENTER Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	tion 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	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
Ü	furnished by a governmental unit to									
	the organization without charge									
1	Total. Add lines 1 through 3									
	The portion of total contributions									
3	'									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
-	Public support. Subtract line 5 from line 4.									
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business	,								
	activities, whether or not the	1								
	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 instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	ie organization's fil	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization							
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances tes									
	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 to									
b	10% -facts-and-circumstances tes	-		*	-					
	more, and if the organization meets the	_								
	organization meets the facts-and-circu									
18	Private foundation. If the organizatio									
_			,	, ,,	,					

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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and		()	,	,	,			
	membership fees received. (Do not								
	include any "unusual grants.")	35,735.	98,503.	183,211.	110,448.	98,484.	526,381.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			119,897.	89,065.	120.211.	329,173.		
3	Gross receipts from activities that				7000				
Ŭ	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	35,735.	98,503.	303,108.	199,513.	218,695.	855,554.		
	Amounts included on lines 1, 2, and	33,7330	30,3031	303/1001	133/3131	210,0330	03373311		
	3 received from disqualified persons		40,000.	91,811.	27,000.	29,500.	188,311.		
ĸ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
,	Add lines 7a and 7b		40,000.	91,811.	27,000.	29,500.	188,311.		
	Public support. (Subtract line 7c from line 6.)			02.76221			667,243.		
Se	ction B. Total Support						, = =		
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6	(a) 2019 35, 735.	98,503.	(c) 2021 303, 108.	(d) 2022 199,513.	(e) 2023 218,695.	(f) Total 855,554.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	441.	604.	569.	784.	2,469.			
	and income from similar sources	441.	004.	509.	/04•	2,409.	4,00/.		
k	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975	441	C 0 4	F.C.0	704	2 460	4 0 6 7		
	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	441.	604.	569.	784.	2,469.	4,867.		
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)	36,176.	99,107.	303,677.	200,297.	221,164.	860,421.		
	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,		
	check this box and stop here								
Se	ction C. Computation of Publi	ic Support Per	rcentage						
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	77.55 %		
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	72.56 %		
Se	ction D. Computation of Inves	stment Income	e Percentage						
17	7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 . 57 %								
18	Investment income percentage from 2	2022 Schedule A, I	Part III, line 17			18	.30 %		
19	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1			
	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	X		
•	line 18 is not more than 33 1/3%, che	•			•	•			
20	Private foundation. If the organization								

_**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
4	A /Ears	~ 000	0000

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must of	comple	te 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-functionally	integr	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 COMMUNITY GRIEF CENTER		*-***** Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	_
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Sect	ion E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
	Distributable amount for 2022 from Section C. line 6		_

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2023

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ALLEN BAKER	0.	5,000.	51,811.	12,000.	14,500.
JOHN SEITZ	0.	25,000.	30,000.	0.	0.
JERRY & SANDY HELGESON	0.	10,000.	10,000.	15,000.	15,000.
			Y		
Total to Schedule A, Part III, Line 7a		40,000.	91,811.	27,000.	29,500.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization

COMMUNITY GRIEF CENTER

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

Employer identification number

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) contributor, dur	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; 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.						
year, contribution is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization Employer identification number

COMMUNITY GRIEF CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ce is needed.	
(a)	(b)		(c)	(d)
	Name, address, and ZIP + 4 BRANDON AND TARA GARDINER 5803 W. 27TH STREET GREELEY, CO 80634	\$_	Total contributions 6,136.	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
2	ALLEN AND DEBBY BAKER 3300 70TH AVENUE GREELEY, CO 80634	\$_	14,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	CITY OF GREELEY 1000 10TH STREET GREELEY, CO 80631	\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	JERRY AND SANDY HELGESON 740 DOCE LANE WINDSOR, CO 80550	\$_	15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	DON AND JOANNE MUELLER 1623 37TH AVENUE PLACE GREELEY, CO 80634	\$_	5,000.	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
6	OUR SAVIORS LUTHERAN CHURCH 1800 21ST AVENUE GREELEY, CO 80631	\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

COMMUNITY GRIEF CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ice is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7	THE WELD TRUST 815 8TH AVENUE GREELEY, CO 80634	\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8	WELD COMMUNITY FOUNDATION 2425 35TH AVENUE GREELEY, CO 80634	\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9	SUMMIT OILFIELD SERVICES, INC. P.O. BOX 280 EATON, CO 80615	\$ <u>-</u>	10,000.	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
10	RICHTER ORTHODONTICS 1813 61ST AVENUE GREELEY, CO 80634	\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person 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.)

Name of organization Employer identification number

COMMUNITY GRIEF CENTER

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	
3453 12-26-	.23	I *	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** COMMUNITY GRIEF CENTER **_**** Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

COMMUNITY GRIEF CENTER

Employer identification number **_****

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	. ,		· ·
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d in donor advised fur	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onfo	ording consorvation of	acoments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and enti-	orchig conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for pul			ince of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A			_
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tr	easures, c	or Other	Similar As	sets(continu	ied)
3	Using the organization's acquisition, accession	n, and other records, o	check any of the	following tha	t make sign	ificant use of	its	
	collection items (check all that apply).							
а	Public exhibition d Loan or exchange program							
b	Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explain he	ow they further t	the organizati	on's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai	intained as part of the	organization's c	ollection?		[Yes	☐ No
Par	t IV Escrow and Custodial Arrang						/, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	an, or other intermediar	y for contributio	ns or other as	ssets not in	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	, ,	,	J				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	·		
Par								
	2 2 Zivide di Miles de Miles		(b) Prior year	(c) Two year		Three years ba	ck (e) Four v	ears back
12	Beginning of year balance	(, ,	(-,-	,	(/		(-, ,	
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			-				
	Administrative expenses							
g	End of year balance			<u></u>				
2	Provide the estimated percentage of the curre			a)) held as:				
	Board designated or quasi-endowment	%)					
b	Permanent endowment	%						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held a	and administe	red for the		F-	
	organization by:							res No
	(i) Unrelated organizations?							
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required	on Schedule R?	·			3b	
4	Describe in Part XIII the intended uses of the		nent funds.					
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990, P	art IV, line 11a.	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or othe		t or other	(c) Accu		(d) Book	value
		basis (investmen	t) basis	(other)	depre	ciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other			7,131.		6,728.		403.
	. Add lines 1a through 1e. (Column (d) must eq		ine 10c. column	n (B))				403.

Schedule D (Form 990) 2023

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

(a) Description of security or catalogory occusing name or occurring (b) Book value (c) Method of valuation: Cost or end of/year market value (c) Francisco derivatives (c) Cosely held equity interests (c) Cosely (c) Cosely held equity interests (c) Cosely (c) Cosely held equity interests (c) Cosely (c) Cose	Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
22 Closely held equity interests				d-of-year market value
2) Closely held equity interests	1) Financial derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
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Complete	(C)			
Fig. Col.	(D)			
(G) (He) (He) (Data), (Col., (b) must equal form 990, Part X, line 12, col., (B)) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (9) (9) (9) (1) (1) (1) (2) (3) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(E)			
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				

	t XI Reconciliation of Revenue per Audited Finan			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial states	nents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			
Pai	rt XII Reconciliation of Expenses per Audited Fina		nses per Return	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1	/	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
•	A stat Control A and a state Atlanta			
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information	rt I, line 18.)	5	
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
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5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa l	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; I	5	t XI,

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

ГС	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	•		•	-	•		•
		<u> </u>	(a) Event #1 LIGHTS OF	(b) E	vent #2		ther events	(d) Total (events
				1	APPENS		7	col. (c	
æ			(event type)	(evei	nt type)	(tot	al number)		
Revenue	1	Gross receipts	71,395.	:	25,250.		23,566.	120	,211.
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	71,395.	:	25,250.		23,566.	120	,211.
	4	Cash prizes							
es	5	Noncash prizes							
xpens	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
	10							100	
		Net income summary. Subtract line 10 from I						120	,211.
Pa	irt i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part	IV, line 19, or	reported	more than		
		\$13,000 0111 01111 030 E2, III10 0a.		(b) Pull	tabs/instant	l		(d) Total gan	ning (add
Revenue			(a) Bingo		ressive bingo	(c) O	ther gaming	col. (a) throug	
Re	1	Gross revenue							
nses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes No	%	Ye			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:						
		the organization licensed to conduct gaming a	-					Yes	□ No
b	If "	No," explain:							
	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated o	during the tax	year?		Yes	☐ No
	If "	Yes " explain:							
D	If "	Yes," explain:							

Sch	nedule G (Form 990) 2023	COMMUNITY	GRIEF	CENTER	**=	*****	Page 3
11	Does the organization conduct ga	aming activities with r	nonmembers	3?		Yes	No No
	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	└─ No
	Indicate the percentage of gamin						
	The organization's facility						%
	• An outside facility					13b	%
14	Enter the name and address of the	ie person who prepar	es the orgar	nization's gaming/special e	events books and records:		
	Name						
	Address						
15a	a Does the organization have a cor	itract with a third part	y from whor	n the organization receive	s gaming revenue?	Yes	☐ No
	h If "Voc " ontor the amount of gam	ning rovenue received	by the orga	nization \$	and the amount		
	b If "Yes," enter the amount of gam of gaming revenue retained by th		by the orga	nization \$	and the amount		
,	c If "Yes," enter name and address						
•	on ree, entername and address	or the time party.					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Garming manager compensation	Ψ	_ /				
	Description of services provided						
	Diversity / office w	Francisco		Indonesia de la contractor			
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
	a Is the organization required unde	r state law to make ch	naritable dis	tributions from the gamino	proceeds to		
	retain the state gaming license?			-		Yes	☐ No
ŀ	Enter the amount of distributions	required under state	law to be di	stributed to other exempt	organizations or spent in the		
	organization's own exempt activit						
Pa				ns required by Part I, line : ditional information. See in	2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pro-	vide arry add	illional information. See in	Structions.		

Schedule G	(Form 990)	COMMUNITY	GRIEF	CENTER	**_****	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)				
				7		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY GRIEF CENTER

Employer identification number **_***

0.0000000000000000000000000000000000000
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS FILL OUT AN ANNUAL DIRECTOR AND OFFICER ANNUAL CONFLICT OF
INTEREST STATEMENT
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE FOR REVIEW IN THE ORGANIZATION'S OFFICE

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	ROOM DIVIDER	09/27/17	200DB	7.00	ну17	1,594.				1,594.	1,338.		171.	1,509.
2	3 BOOKCASES	03/08/18	200DB	7.00	НҮ17	897.				897.	726.		68.	794.
11	6 ROUND TABLES, 6 RESTAURANT TABLES	08/13/18	200DB	7.00	НҮ17	583.				583.	427.		62.	489.
12	40 DINING CHAIRS	08/27/18	200DB	7.00	ну17	300.				300.	219.		32.	251.
13	LAPTOP COMPUTER	11/29/18	200DB	5.00	нү17	498.				498.	460.		38.	498.
14	RUGS FOR MIDDLE SCHOOL ROOM	01/02/19	200DB	7.00	ну17	226.				226.	165.		17.	182.
15	LAPTOP COMPUTER	07/23/19	200DB	5.00	НҮ17	439.				439.	354.		57.	411.
17	FURNITURE	04/27/21	200DB	7.00	MQ17	770.			770.				0.	
18	FURNITURE	12/06/21	200DB	7.00	MQ17	834.			834.				0.	
19	CANON IMAGE RUNNER	10/05/22	200DB	7.00	MQ17	990.			990.				0.	
	* TOTAL 990 PAGE 10 DEPR					7,131.			2,594.	4,537.	3,689.		445.	4,134.