Form **990**

Return of Organization Exempt From Income Tax

OM	1B No). 19	545-	0047
	2	20	23	
	open	to	Pub	lic
100	Open Inc	4		

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, c	or tax year beginni	ng JUNE 01	, 202	3, and e	nding MAY	31	, 2024			
				FOUND LADIE	ES INC		D Empl	oyer ic	dentification number			
	Address		siness as					85 - 3	3396161			
\vdash	Name ch		d street (or P.O. box if n	nail is not delivered to	street address)	Room/s	uite E Telep	hone r	number			
\dashv	Initial ret		YETTEVILLE			300		919-	-229-9142			
\dashv	Final retu				P or foreign postal code	9	G Gros	0				
					or to og		recei	-	611,120			
	terminate	Secretary and the second secretary and the second s	H NC 27601	The state of the s		H(a) Ist	his a group retur	n for sul	bordinates? Yes No			
	Amended		and address of prin			. ,	all subordinates					
		on pending SEE AT				,	No," attach a list					
1 7	ax-exe	npt status: X 501(c)(947(a)(1) or 527		oup exemption n					
	Vebsite		UNDLADIES.				0.000		ate of legal domicile: NC			
KF	orm of or	ganization: X Corporatio	n Trust As	ssociation Other	L Year	of formation	3n. ZUZU	IVI O	ate or regarder 140			
P	art I	Summary										
	1	Briefly describe the org	janization's mission	or most significant			O T. T. C.	MIC	CTON AND			
0	THE	ORGANIZATI	ON HOSTED	VARIOUS I	EVENTS RELAT		<u> </u>		SION AND			
Š	PUF	POSE THROUG	HOUT IT'S	FISCAL Y	YEAR. EVENT		<u> </u>		MUNITY			
rış	SEF	VICE DAYS,	WORKSHOPS,	MEETINGS			IP GATE					
ove.	2	Check this box if t	he organization disc	continued its opera	ations or disposed of mo	ore than	25% of its net	assets	!			
Ğ	3				ine 1a)							
ري دي					ody (Part VI, line 1b)							
/itie	5	Total number of individ	luals employed in ca	alendar year 2023	(Part V, line 2a) · · · · ·	• • • • • •		5				
cŧ	6	Total number of volunt	eers (estimate if nec	essary)	,	• • • • • •		6				
V	7a	Total unrelated busines	ss revenue from Par	t VIII, column (C),	line 12			7a				
	b	Net unrelated business	taxable income from	m Form 990-T, Pa	rt I, line 11			7b	0			
							Prior Year		Current Year			
4	. 8	Contributions and gran	nts (Part VIII, line 1h))	.,		212	,561	611,029			
nue	9	Program service reven	ogram service revenue (Part VIII, line 2g)									
šve	10	Investment income (Pa			91							
Be												
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
			efits paid to or for members (Part IX, column (A), lines 1-3)									
				·	lumn (A), lines 5-10)		373	,406	292,290			
ses	15	Drofossional fundraising	g fees (Part IX, colu	mn (A), line 11e)								
en	1.	Total fundraising exper										
Exp	. b	Other expenses (Part 1)	x column (A) lines	11a-11d, 11f-24e			169	,197	176,636			
	17	Total expenses Add lin	ne 13-17 (must ear	ial Part IX. column	(A), line 25)		542	,603	468,926			
	18	Devenue less expenses	Subtract line 18 fr	om line 12			-330	,042	142,194			
		Revenue less expenses	S. Subtract line to it	OTT IIITO TE			ginning of Currer	t Year	End of Year			
dets	Balances 21 22	Tatal (D-4 V 15-	0 16)					, 449				
Ass -un	20	T.							9,559			
or /	21	Total liabilities (Part X, I	need Subtract line	21 from line 20			160	, 449				
				21 110111 11116 20		• • •		, 1				
	rt II	Signature Block		· · · · · · · · · · · · · · · · · · ·	anving cohodules and state	mente and	d to the best of r	ny know	ladge and balief, it is			
Inde	r penaltie correct. a	s of perjury, I declare that I nd complete. Declaration of	preparer (other than o	fficer) is based on all	anying schedules and state information of which prepar	rer has any	knowledge.	ily Kilow	reage and benef, it is			
: ~	_	Cinneture of officer		1)1701.	1 A				Date: 1 / 22 / 2			
Sig		Signature of officer	ONEY A	HALLILAH	th chief	OF	STAFF		10/31/24			
Her	е			100000	CITTUL	<u> </u>	O I I I I					
		Type or print name and		Preparer's signat	ure Date		Ohaala	1,,	PTIN			
Pai	d	Print/Type prepare	TETT			-31-2	Check		dP00056060			
	parer	EVELYN EZZ		Lulyn	engro 10	J/ 4	Firm's EIN		3077516			
	e Only		AND R BLOC		770			1)	<u> </u>			
JJC	July		207-B N BE	KVFTFI BI	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Phone no. (800) 4	72-	5625			
	Al 100	GOLDSBORO							k2 14 1 1			
viay	the IHS	discuss this return with	the preparer shown	n above? See insti	ructions				A res No			

	990 (2023) PROFOUND LADIES INC 85-3396161	Page 2
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	TO HOST VARIOUS EVENTS RELATED TO IT'S MISSION AND PRPOSE	
	THROUGHOUT IT'S FISCAL YEAR. EVENTS INCLUDED COMMUNITY SERVICE	
	DAYS, WORKSHOPS, MEETINGS AND FELLOWSHIP GATHERINGS.	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	E7
	services? Yes	⊠ No
	If "Yes," describe these changes on Schedule O. Describe the agree institution's program continuous accomplishments for each of its three largest program continuous as measured by	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 158,520 including grants of \$) (Revenue \$)
	SEE ATTACHMENT #2	
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses 158,520	
FDA	23 9902 BWF 990 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.	rm 990 (2023)

Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including easements to preserve open space, Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in donor-restricted endowments If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a **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 c Did the organization report an amount for investments -- program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 Χ 12b 13 14a **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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \mathbb{N}/A 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Part IV Checklist of Required Schedules (continued)

3,775			Yes	No
2	and the distribution report more than \$5,000 or grants or other assistance to or for domestic individuals on		103	140
2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		$\perp_{\rm x}$
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24	employees? If "Yes," complete Schedule J	23		X
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 Schedule K. If "No," go to line 25a	24a	- 4	X
	build the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \dots \dots N ./ A	. 24t)	
1	C Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
,	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		Λ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			71
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes"	k A		
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
	"Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N, Part II	00		3.7
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		37
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u>X</u>
	or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{\Lambda}{V}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55a		
	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	000		
10	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38		X
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
10				No
ıa h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
2	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and			
DA	reportable gaming (gambling) winnings to prize winners?	1c		X
	THE THE COUNTY OF THE CONTRACT CONTRACT TO THE CONTRACT OF THE	_		-

Pall	Cuterities negarding Other ins rilings and Tax Compliance (continued)			age 3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a		17
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	-	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- V
b	If "Yes," enter the name of the foreign country	40		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		+ -
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		+^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		+
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	-	1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots $N./A.$	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	<u> </u>	-
	required to file Form 8282?	70		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	-	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		\\ \frac{\lambda}{\nu}
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			TA V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7g 7h		\\ \frac{\lambda}{\sqrt{\sq}\}}\sqrt{\sq}\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sq}\sq}}}}}}\sqit{\sqrt{\sqrt{\sq}\sq}\sqrt{\sqrt{\sq}\sq}\sqrt{\sqrt{\sq}\sq}\sqrt{\sqrt{\sq}\sq}\sqrt{\sq}\sq}\sq}\sqrt{\sq}\sq\sign}\sq}\signt{\sq}\signt{\sq}\sq}\sq}\signt{\sq}\signt{\sq}\sq}\sq}\sin
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		A
	sponsoring organization have excess business holdings at any time during the year?	8		V
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	00	0 8	V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		I A
10	Section 501(c)(7) organizations. Enter:	9b		A
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100	124495	V
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		V
а	Note: See the instructions for additional information the organization must report on Schedule O.	Isa		$+\Delta$
h	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			
	Enter the amount of reserves on hand		-	177
	Did the organization receive any payments for indoor tanning services during the tax year?	-		+X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $O \cdot \dots \cdot N \cdot A$.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			.,
	excess parachute payment(s) during the year? , , ,	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	ļ	X
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	nd for	a "No"	,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 1a			
	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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			N V
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		Х
	one or more members of the governing body?	7a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		v
	stockholders, or persons other than the governing body?	7.0		77
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a		х
а	The governing body?			X
b	Each committee with authority to act on behalf of the governing body?	0.5		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		Х
C +:	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Χ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?N./A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		1 944000	Ţ.
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		0 V=0	37
	The organization's CEO. Executive Director, or top management official	15a		X V
b	Other officers or key employees of the organization	15b		Λ
	If "Ves" to line 15a or 15b, describe the process on Schedule O. See instructions.	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		V
	with a taxable entity during the year?	104		21
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	16b		
	organization's exempt status with respect to such arrangements? \dots	100		
Section	on C. Disclosure			· · · · · · · · · · · · · · · · · · ·
17	1 . A A A A A A A A A A A A A A A A A A	(c)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (section 501)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
	Own website Another's website Upon request Citier (explain on Schedule C) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and		
19	Describe on Schedule O whether (and it so, now) the digarillation made its governing documents, commercial made its governing documents.	e 999		
	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			
20				
	SEE ATTACHMENT #3		000	2022)

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

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

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

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

1 100.110	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KEIYONNA DUBASH	50.00			Х	7		1	125,180		
EXECUTIVE DIRECTOR								100 111	0	0
(2) AYSA LERIE TONEY	50.00			X ∮ √ ′°,	erts.	of characteristics		100,144		
CHIEF OF STAFF					4					
(3) DAPHANI CHANEY			· ·		X			5,900	0	
EXEC SCHEDULING	5.00			- 31 -						
(4) ASSISTANT	E 00		1		x			7,110	0	(
LASANDRA CLAY	5.00		in the second							
(5) IMPACT LEADER	5.00		***		x			350	0	(
AMANDA SHERROD	3.00	u, ç								
(6) IMPACT LEADER										
(7)										· · · · · · · · · · · · · · · · · · ·
(8)	<i>j</i> *									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										Form 990 (2023

Par	Section A. Officers, I	Directors,	Truste	es, Key	/ Emp	loyee	s, and h	lighes	t Compensated Em	ployees (continued)		, ,	igo o
	(A) Name and title	(B) Average		(do not	Position to the check less per and a d	tion more th	an one both an (trustee)		(D) Reportable	(E) Reportable	Es	(F) timated	
		week (list any hours for related organiza- tions below dotted line)	6.0	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/1099-NEC)	com fr orga	other pensation om the anization d related	on d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)								ASS.					
(22)													
(23)						-							
(24)						\$							
(25)					· A · · ·								
1b c	Subtotal		94 59						238,684				
d	Total (add lines 1b and 1c))		*,					238,684				
2	Total number of individuals or reportable compensation from				to thos	se liste	d above) who	received more than S	\$100,000 of			
	رون در المراجعة المر ولا المراجعة	The state of the s	The second									Yes	No
3	Did the organization list any employee on line 1a? If "Yes	former off	cer, dire	ector, ti	rustee, or suc	key e	mployee	, or hi	ghest compensated		. 3		Χ
4	For any individual listed on li	ine 1a, is th	ne sum	of repo	rtable	comp	ensation	and o	ther compensation fr	om the			
	organization and related org	anizations	greater	than \$	150,00	0? If "	Yes," co	mplete	Schedule J for such	individual	. 4		X
5	Did any person listed on line for services rendered to the	1a receive	or acc	rue cor 'es " co	npens molete	ation t Sche	rom any dule J fo	unreia or suct	n person		. 5		X
Section	n B. Independent Contracto		11: 11 1	00, 00	mpioto								
1	Complete this table for your	five highes	t comp	ensated	d indep	pende	nt contra	ctors	that received more th	an \$100,000 of			
	compensation from the orga		eport co	ompens	sation	for the	calenda	ar year		n the organization's		C)	
	Name and	(A) I business	address	5					(B) Description of se	rvices	Compe		n
												· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·						, o					
2	Total number of independen							e listed	d above) who				
ED A	received more than \$100,000 23 9908 BWF 990 Fo	of compe			A STATE OF THE STA			Inc.			Form	990 (2	2023)
FDA	Z3 3300 DWF330 F0	,,,,,, JOI (Wale	COPALIA					Total Transfer					

Part '	VIII	Statement of Reven	ue	nee et -	oto to any line in th	ie Dart VIII		30 30 NO NO	П
		Check if Schedule O conta	ins a respo	nse or n	ote to any fine in th	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants,	b	Federated campaigns	. , , , , , ,	ta 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contributed All other contributions, gifts, g	tions) grants, &	1d 1e	611,029				
d Oth	g	similar amounts not included Noncash contributions included in	lines 1a-1f.			611,029			
ပိုင်း	h	Total. Add lines 1a-1f		1					
ice	2a				Business Code				
2 1	b								
Ser	C								
Bever	d								
Pag	e								
P.	f	All other program service rev	enue	[
- 1	g	Total. Add lines 2a-2f							
	3	Investment income (including other similar amounts)				91			
- 1	4	Income from investment of to				The state of the s			
	5	Royalties			Ci.				
	6a	Gross rents 6	Sa		y				
	35000-061000		5b						
			6C						
	3 18339	Net rental income or (loss)							
		Gross amount from sales of assets other than	(i) Secu		(ii) Other				
ne	b	Less: cost or other basis	7a	The state of the s	, and				
/en		and sales expenses · · · ·							
Re		Gain or (loss)		35 **1-3. js	!				
Other		Net gain or (loss)	ing events						
		of contributions reported on See Part IV, line 18	line 1c).	8a					
	L	Less: direct expenses		8b					
		Net income or (loss) from fu	ındraising e	events .					
		Gross income from gaming See Part IV, line 19	activities.						
		Less: direct expenses · · · ·							
		Net income or (loss) from g	aming activ	ities					
		Gross sales of inventory, les							
	102	returns and allowances		10a					
						7			
	t	Less: cost of goods sold			<u> </u>				
<u> </u>	C	Net income or (loss) from sa	ales of inve	ntory	D. sizees Code				
60					Business Code				
ons	118	1							
ne	Ł						 		
ella ren	0			70.27(19)33					
Miscellaneou Revenue		All other revenue							
Σ _		Total. Add lines 11a-11d				•			
						611.1/	0		
	12	I Utal Teveride. See Histiac	40110 1111						Farm 000 (202)

Part X Statement of Functional Expenses

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

Secti	Check if Schedule O contains a response or note to	any line in this Part	IX		
Don	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations,				
3	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16				
4					
5	Compensation of current officers, directors,	225,324		225,324	
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	13,360		13,360	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,986		32,986	
9	Other employee benefits	20,620		20,620	
10	Payroll taxes	20,020			
11	Fees for services (nonemployees):	AG.			
a	Management				
b	Legal	13,213	***	13,213	
C	Accounting				
d	Lobbying		<i>d</i> .		
e	Professional fundraising services. See Part IV, line 17				
Ť	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	3,520	3,520		
	(A), amount, list line 11g expenses on Schedule O.)	5,504			
12	Advertising and promotion	17,705			
13	Office expenses				
14	Information technology				
15	Royalties	14,960	14,960		
16	Occupancy	16,717	16,717		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	70,995	70,995		
19					
20	Payments to affiliates				
21	Depreciation, depletion, and amortization	4,448		4,448	
22	Insurance	455		455	
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
		7,975	7,975		
a	GRANT WRITER SOCIAL MEDIA CONTRACTOR	600	600		
b	MISCELLEANOUS	1,083	1,083		
C	CONTRACT WORKERS	19,461	19,461		
a					
9E	All other expenses Total functional expenses. Add lines 1 through 24e	468,926	158,520	310,406	
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720) · · ·				
FDA	23 99010 BWF 990 Form Software Copyright 1996 - 20	024 HRB Tax Group, Inc.			Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to an	y line in this Part X									
					(A) Beginning of year		(B) End of year						
	1	Cash non-interest-bearing			134,909	1	304,631						
	2	Savings and temporary cash investments				2							
	3	Pledges and grants receivable, net				3							
	4	Accounts receivable, net				4							
	5	Loans and other receivables from any current or fo		F-									
		trustee, key employee, creator or founder, substant											
		controlled entity or family member of any of these p				5							
	6												
		under section 4958(f)(1)), and persons described in		· ·	en en 19 met mar 19 met 19	6							
	7		and loans receivable, net										
ş	8	Inventories for sale or use		8									
sse	9	Prepaid expenses and deferred charges			22,755	9	2,941						
Ä		Land, buildings, and equipment: cost or	1 1			•							
	100	other basis. Complete Part VI of Schedule D	40-	13,344									
	1.		10a	7,929	A CONTRACTOR OF THE STATE OF TH	100	5,415						
		Less: accumulated depreciation				10c							
		Investments publicly traded securities				10							
	1	Investments other securities. See Part IV, line 11		6		12							
	13	, 3				13							
	14				2,785	14							
	1	Other assets. See Part IV, line 11		98 (1. 8. 4. 3%)	.,	-	312,987						
	1	Total assets. Add lines 1 through 15 (must equal lines 1)		6.	160,449		9,559						
	17	Accounts payable and accrued expenses		Mark the state of		17	9,339						
		Grants payable		18									
	19	Deferred revenue		19									
	20	Tax-exempt bond liabilities		20									
	21	Escrow or custodial account liability. Complete Part	S.A.			21							
ies	22	Loans and other payables to any current or former of	500										
Liabilities		trustee, key employee, creator or founder, substanti-			and the state of the state of the second section of the second sec		and the forest of the angle of the second						
Lia		controlled entity or family member of any of these pe				22							
	23	Secured mortgages and notes payable to unrelated	-	 		23							
	24	Unsecured notes and loans payable to unrelated thi				24							
	25	Other liabilities (including federal income tax, payabl											
		parties, and other liabilities not included on lines 17-	-24). C	omplete Part X									
		of Schedule D				25							
	26	Total liabilities. Add lines 17 through 25			0	26	9,559						
		Organizations that follow FASB ASC 958, check I	here										
ces		and complete lines 27, 28, 32, and 33.			The second second		NO SANT LOSS IN LANCE						
au	27	Net assets without donor restrictions			160,449	27	303,428						
Balan	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·		28							
Fund		Organizations that do not follow FASB ASC 958,	check	here									
		and complete lines 29 through 33.											
o o	29	Capital stock or trust principal, or current funds	. <i></i>		and the second of the second s	29							
sets	30	Paid-in or capital surplus, or land, building, or equip	ment fu	und		30							
Assets	31	Retained earnings, endowment, accumulated income				31							
Net		Total net assets or fund balances		The state of the s	160,449	32	303,428						
_		Total liabilities and net assets/fund balances			160,449		312,987						

FDA

Form	990 (2023) PROFOUND LADIES INC 83-3390101		-	
Par	CAL-A Accord		E	7
	Object it Cabadala O contains a response or note to any line in this Part XI	61	1,1	20
1	Tatalana (auta agual Part VIII, column (A), line 12)		58,9	
_			12,1	
_	Subtract line 2 from line 1		60,4	
	Not people or fund balances at beginning of year (must equal Part X, line 32, column (A))			
_	Net upged going (losses) on investments			
	Departed convices and use of facilities			
7	Investment expenses			
_	Delay pariod adjustments			785
•	Other changes in net assets or fund balances (explain on Schedule O)			
40	Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, line	3	303,	428
	32 column (B))			
Par	- 11 Olatemente and Danartina	2002 2 2		П
1	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 Other explain on		1	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
		2a		X
0.	More the organization's financial statements compiled or reviewed by an independent accountants	20		
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	in a congrete bacic consolidated basis, or both:			
	Both consolidated and separate basis	a h	**	Y
	Separate basis Consolidated basis Dottrochlocal accountant?	2b		1 21
þ	Were the organization's infancial statements during the financial statements for the year were audited on a If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	If "Yes," check a box below to indicate whether the many			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	Separate basis		1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumed represent accountant? N / A . of the audit, review, or compilation of its financial statements and selection of an independent accountant? N / A .	2c	-	-
	of the audit, review, or compilation of its infancial statements and another audit, review, or compilation of its infancial statements are detection process during the tax year, explain on If the organization changed either its oversight process or selection process during the tax year, explain on			
	If the organization changed either its oversignt process or solds.			8 8
	Schedule O.			1
3a	Schedule O. 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
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F			
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart 1,	. 3b		
	and audit or audits, explain why on Schedule O and describe any stope tarter	Forn	n 99 () (2023)
FDA	required addit of addits, explains 7			

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

PROFOUND LA					85-3396	5161
Part Reaso	n for Public Cha	rity Status. (All organization	ns must cor	nplete this p	art.) See instructions.	
The organization is not	a private foundation b	ecause it is: (For lines 1 throu	gh 12, chec	k only one b	ox.)	
1 A church, con	vention of churches, o	r association of churches des	cribed in se	ction 170(b)	(1)(A)(i).	
2 A school desc	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3 A hospital or a	a cooperative hospital s	service organization described	d in section	170(b)(1)(A)(iii).	
4 A medical res	earch organization ope	rated in conjunction with a ho	ospital descr	ibed in sect	ion 170(b)(1)(A)(iii). En	ter the hospital's name
city, and state						
5 An organization	n operated for the ber	efit of a college or university	owned or op	erated by a	governmental unit desc	ribed in
section170(b	(1)(A)(iv). (Complete	Part II.)	·			
6 A federal, state	e, or local government	or governmental unit describe	ed in sectio	n 170(b)(1)(A)(v).	
7 An organization	n that normally receive	es a substantial part of its sup	port from a g	governmenta	al unit or from the gener	al public
described in s	ection 170(b)(1)(A)(v). (Complete Part II.)				
8 A community	rust described in sect	ion 170(b)(1)(A)(vi). (Comple	ete Part II.)			
9 An agricultura	research organization	described in section 170(b)	(1)(A)(ix) ope	erated in cor	njunction with a land-gr	ant college
		lege of agriculture (see instru				
university:						
10 X An organizatio	n that normally receive	s (1) more than 33 ¹ / ₃ % of its	support from	n contributio	ns, membership fees, a	nd gross
	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 g	gross investment incon	ne and unrelated business tax	able income	(less section	n 511 tax) from busines	ses
		ne 30, 1975. See section 50 9				
		ated exclusively to test for pub				
		ated exclusively for the benefit				ne purposes
		ganizations described in sect				
		12d that describes the type of				
the state of the s		operated, supervised, or cont				10 To
		ower to regularly appoint or e				
supporting o	rganization. You must	complete Part IV, Sections	A and B.			
b Type II. A su	apporting organization	supervised or controlled in co	onnection wi	th its suppor	ted organization(s), by	having
The state of the s		orting organization vested in				
		te Part IV, Sections A and C				
c Type III fun	ctionally integrated.	a supporting organization ope	erated in con	nection with	. and functionally integr	ated with
		nstructions). You must comp				atou tritii,
F		ted. A supporting organizatio				anization(s)
		he organization generally mus			300 W	
	40 SOUR BY 141 ¹⁵	must complete Part IV, Sec				LI V C I I C G G
	•	eceived a written determination				111
	E STATE OF THE STA	on-functionally integrated sup			a type i, type ii, type i	•••
a		ations				
	19. 1	t the supported organization(
(i) Name of supported		(iii) Type of organization	1 42 3	organization	(v) Amount of monetary	(vi) Amount of other
organization	(,	(described on lines 1-10	listed	listed in your support (see instructions) Support (see instructions)		
		above (see instructions))	Yes	No		
1)			103	140	 	
3)				 		
C)					 	
))						
E)	······································				1	
otal						
111341						-

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 rails to quality u	nder the tests lis	sted below, pleas	e complete Part II	l.)		
	ction A. Public Support						
Cale	endar 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.")		20,554				(f) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	L	20,554	615,219	212,516	212,561	1,060,850
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · · · · · · · · · · · · · · · · · ·		Market Broken				
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						1,060,850
_	tion B. Total Support	,					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		20,554	615,219	212,516	212,561	1,060,850
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Part Bank Like Bank and American State of the State of th				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
1	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		20,554	615,219	212,516	212,561	1,060,850
	First 5 years. If the Form 990 is for the organic organization, check this box and stop here					. , . ,	П
	ion C. Computation of Public Supp						
	Public support percentage for 2023 (line 8, col			nn (f))		15 1	00.00%
	Public support percentage from 2022 Schedule					16	%
	ion D. Computation of Investment						
	Investment income percentage for 2023 (line 1			3, column (f))		17	0.00%
	Investment income percentage from 2022 Sch						%
	33 ¹ /3% support tests 2023. If the organiza						
	17 is not more than 33 1/3 %, check this box and	stop here. Th	e organization qu	alifies as a public	ly supported or	ganization	
b	331/3% support tests 2022. If the organiza	ation did not che	ck a box on line	14 or line 19a, an	d line 16 is more	e than 33 ¹ /3%, a	ind
	line 18 is not more than 33 %, check this box Private foundation. If the organization did not						

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Name of the organization

PROFOUND LADIES INC

Employer identification number

85-3396161

FORM 990 PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES - CAPITAL ACCOUNT ADJUSTMENT \$ 785.00

FORM 990 PART VI, LINE 11B FORM 990 REVIEW PROCESS - NO REVIEW WAS OR WILL BE CONDUCTED

FORM 990 PART VI LINE 19 OTHER ORGORGANIZATION DOCUMENTS PUBICLY AVAILABLE - NO OTHER DOCUMENTS AVAILABLE



2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 OPEN TO PUBLIC	PAGE 1, LINE I	·	
INCRECTION	r tay pariod boginning	06 01 2022	
Name of Organization	tax period beginning	06-01-2023, and ending	05-31-2024.
PROFOUND LADIES INC			Employer Identification Number
990, Page 1, Line F			35-3396161
Principal officer name		KEIYONNA DUBASH	
Or Duainean Marsas			
Business Name:			
Street Address		1200 CHEDDY MADI	בי כיים ביניי
		IZUU CHEKKI MAPI	JE SIKEEI
U.S. Address:			
Zip code 27545	City KNIGHTDALI	E State	NC NC
or		A	
Foreign Address			
City		A Control of the Cont	
Province or State	· · · · <u> </u>		
Country			
Postal code			

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION For calendar year 2023, or tax period beginning 0.6-0.1-2.0.2.3, and ending

05 - 31 - 2024

Name of Organization

Employer Identification Number

PROFOUND LADIES INC

85-3396161

Part III - Statement of Program Service Accomplishments

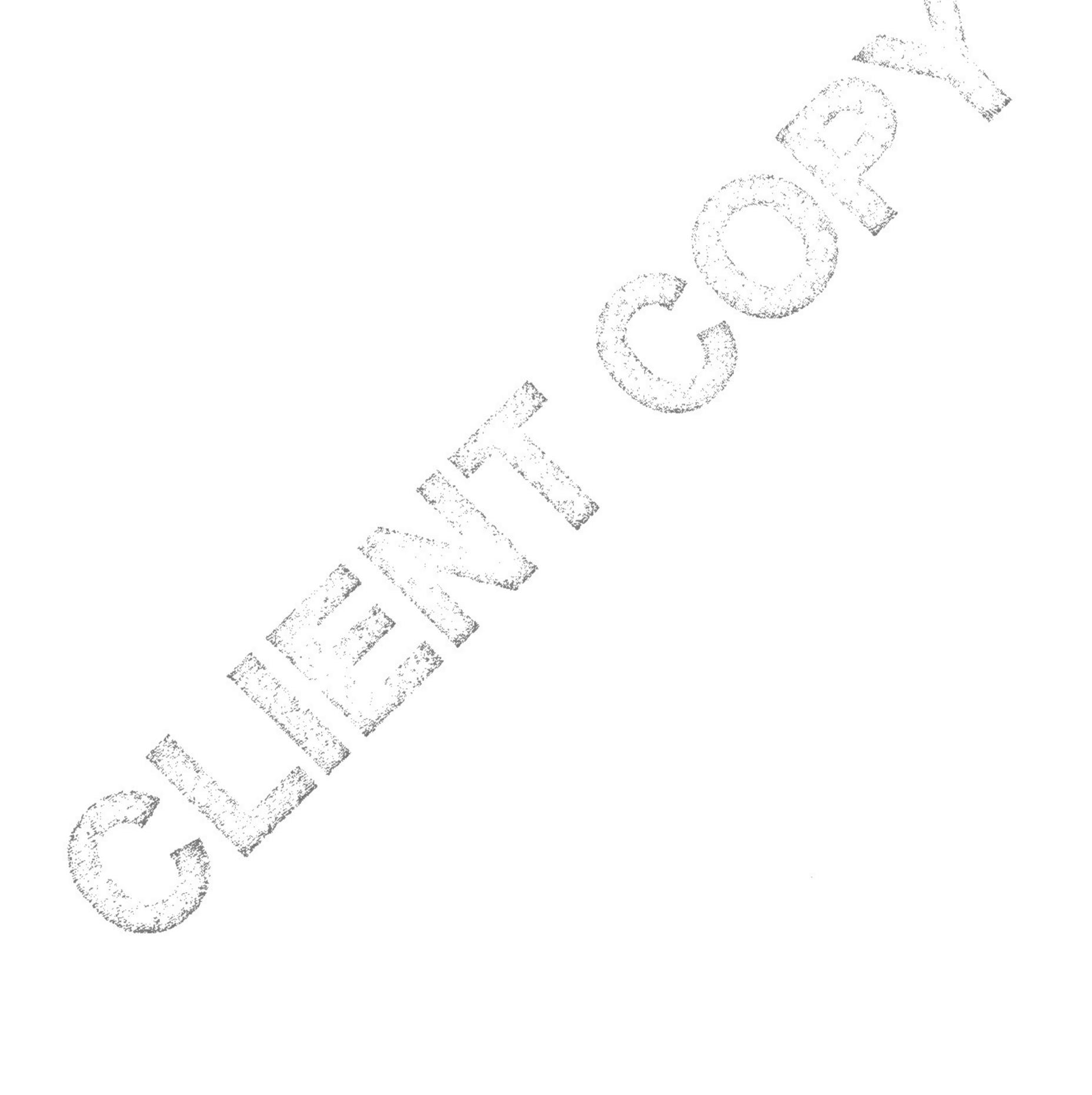
Expenses: Code:

158,520 including Grants of:

Revenue:

THE ORGANIZATION HOSTED VARIOUS EVENTS RELATED TO IT'S MISSION AND PURPOSE THROUGHOUT IT'S FISCAL YEAR. EVENTS INCLUDED COMMUNITY SERVICE DAYS, WORKSHOPS, MEETINGS AND FELLOWSHIP GATHERINGS.

Exempt Purpose Achievements



2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI,	SECTION C, LINE 20
OPEN TO PUBLIC	
INSPECTION For calendar year 2023, or tax period beginning	g 06-01-2023, and ending 05-31-2024
Name of Organization	Employer Identification Number
PROFOUND LADIES INC	85-3396161
Part VI - Line 20	
Individual Name	
or	
Business Name:	
PROFOUND LADIES INC	
Ctroot Addross	EEE ENVENMENTIE CADEEL #300
Street Address	SSS FAIRTIEVILLE SIKEET #SOO
U.S. Address:	
Zip code 27601 City RALETCH	State NC
Zip code 27601 City RALEIGH	State NC
or	State NC
	State NC
or	State NC
or Foreign Address	State NC
or Foreign Address	State NC
or Foreign Address City	State NC
or Foreign Address City	State NC
or Foreign Address City	State NC
or Foreign Address City	State NC
or Foreign Address City	
or Foreign Address City	State NC (757) 268-6642
or Foreign Address City Province or State Country Postal code	
or Foreign Address City Province or State Country Postal code	

023 FORM 990 SCHEDULE OF DEPRECIATION AND DEPLETION AGE 10, PART IX, LINE 22

	EQUIPMENT	Description of Property	Name of Organization PROFOUND LADIES INC	ECTION	OPEN TO PHRITC
l otal:	2022-06	Date Acquired		2019, or tax year	VT TVIVI
13,344	13,344	Cost or Other Basis		period beginning	77 TINITE
3,481	$ \infty $	Prior Year Depreciation		06-01-2023	
		Computation	Employer Identification N 85-3396161	1 1	
	33.3000	Rate (%) or Life (Years)	Number	31-2024	
4.448	4,448	Depreciation This Year			

FDA

nc.

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F))
INDIVIDUAL CONTRIBUTIONS	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	611,029
STATEMENT #2 - OTHER EMPLOYEE BENEFITS (990 EO PG 10 LINE 9A)	
EMPLOYEE INSURANCE	
TOTAL CARRIED TO 990 EO PG 10 LINE 9A	32,986
STATEMENT #3 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)	
POSTAGE AND SHIPPING	
TOTAL CARRIED TO 990 EO PG 10 LINE 13A	17,705
STATEMENT #4 - OCCUPANCY (990 EO PG 10 LINE 16A)	
RENT	
TOTAL CARRIED TO 990 EO PG 10 LINE 16A	14,960
STATEMENT #5 - CONF. CONVERSIONS, AND MEETING (990 EO PG 10 LINE	19A)
COMMUNITY BUILDER AND EVENTS	
TOTAL CARRIED TO 990 EO PG 10 LINE 19A	70,995

STATEMENT #6 - ACCOUNTING (990 EO PG 10 LINE 11C(A))	
PAYROLL SERVICE FEE	
TOTAL CARRIED TO 990 EO PG 10 LINE 11C(A)	13,213
STATEMENT #7 - OTHER (990 EO PG 10 LINE 11G(A))	
STAFF PROFESSIONAL DEVELOPMENT	
TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A)	3,520

