

Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

Header section A-M containing organization details: Name (PROFOUND LADIES INC), EIN (85-3396161), Address (555 FAYETTEVILLE ST, RALEIGH NC 27601), and Form type (Corporation).

Part I Summary

Summary table with sections: Activities & Governance (mission statement, 2023 revenue/expense totals), Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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.

Signature of officer: ASYA L TONEY, CHIEF OF STAFF, dated 10/31/24.

Paid Preparer Use Only section: Preparer EVELYN EZZELL, dated 10-31-24, Firm H AND R BLOCK.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO 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.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to 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 \$ including grants of \$ ) (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

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Description, Yes, No. Contains 21 main questions and sub-questions regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part 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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a), federal tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) non-exempt charitable trusts (12a-12b), section 501(c)(29) qualified nonprofit health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, delegation of control, significant changes, asset diversion, members, governance decisions, meeting documentation, and mailing addresses.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and written policies for joint ventures.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state disclosure, public inspection of Forms 1023, and person with books and records.

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEIYONNA DUBASH EXECUTIVE DIRECTOR	50.00			X			125,180	0	0	
(2) AYSA LERIE TONEY CHIEF OF STAFF	50.00			X			100,144	0	0	
(3) DAPHANI CHANEY EXEC SCHEDULING	5.00				X		5,900	0	0	
(4) ASSISTANT LASANDRA CLAY	5.00				X		7,110	0	0	
(5) IMPACT LEADER AMANDA SHERROD	5.00				X		350	0	0	
(6) IMPACT LEADER										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b> .....							238,684			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							238,684			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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 response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash -- non-interest-bearing .....	134,909	<b>1</b>	304,631
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	22,755	<b>9</b>	2,941
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,344		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,929	<b>10c</b>	5,415
	<b>11</b> Investments -- publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments -- other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,785	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	160,449	<b>16</b>	312,987	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	9,559
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25. ....	0	<b>26</b>	9,559
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	160,449	<b>27</b>	303,428
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	160,449	<b>32</b>	303,428	
<b>33</b> Total liabilities and net assets/fund balances .....	160,449	<b>33</b>	312,987	

Part XI Reconciliation of Net Assets

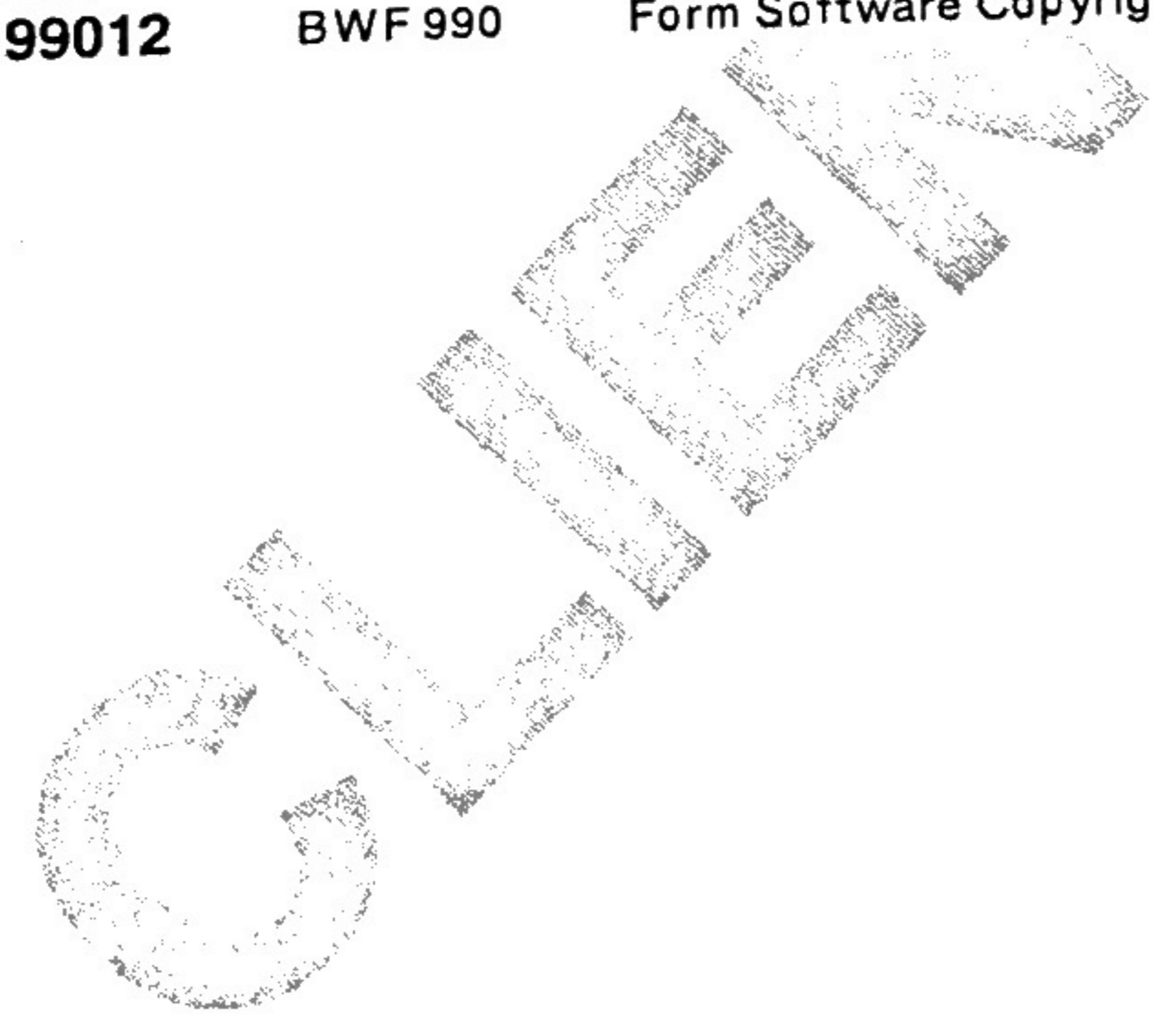
Check if Schedule O contains a response or note to any line in this Part XI

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (611,120); Line 2: Total expenses (468,926); Line 3: Revenue less expenses (142,194); Line 4: Net assets at beginning (160,449); Line 9: Other changes (785); Line 10: Net assets at end (303,428).

Part XII Financial Statements and Reporting

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

Form questions 1-3b regarding accounting methods and audits. Question 1: Accounting method (Cash checked). Question 2a: Financial statements compiled (Yes). Question 2b: Audited (Yes). Question 2c: Committee oversight (N/A). Question 3a: Federal award audit (Yes). Question 3b: Required audit (N/A).



**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization: **PROFOUND LADIES INC** Employer identification number: **85-3396161**

**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)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		20,554	615,219	212,516	212,561	1,060,850
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5		20,554	615,219	212,516	212,561	1,060,850
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,060,850

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6		20,554	615,219	212,516	212,561	1,060,850
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)		20,554	615,219	212,516	212,561	1,060,850

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests -- 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests -- 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

20**23**

**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

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2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2023, or tax period beginning 06-01-2023, and ending 05-31-2024.	
Name of Organization	PROFOUND LADIES INC	Employer Identification Number 85-3396161

990, Page 1, Line F

Principal officer name..... KEIYONNA DUBASH  
 or  
 Business Name:

Street Address ..... 1200 CHERRY MAPLE STREET

U.S. Address:

Zip code 27545 City KNIGHTDALE State NC

Foreign Address

City .....  
 Province or State .....  
 Country .....  
 Postal code .....

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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 06-01-2023, and ending 05-31-2024.

Name of Organization

PROFOUND LADIES INC

Employer Identification Number

85-3396161

Part III - Statement of Program Service Accomplishments

Code: Expenses: 158,520 including Grants of: Revenue:

Exempt Purpose Achievements

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.

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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 06-01-2023, and ending 05-31-2024

Name of Organization

PROFOUND LADIES INC

Employer Identification Number

85-3396161

Part VI - Line 20

Individual Name .....

or

Business Name:

PROFOUND LADIES INC

Street Address ..... 555 FAYETTEVILLE STREET #300

U.S. Address:

Zip code 27601

City RALEIGH

State NC

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

(757) 268-6642

Fax Number .....

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**2023 FORM 990 SCHEDULE OF DEPRECIATION AND DEPLETION**

ATTACHMENT 4: FORM 990 PAGE 10, PART IX, LINE 22  
 OPEN TO PUBLIC INSPECTION

Name of Organization: **PROFOUND LADIES INC**  
 For Calendar year 2019, or tax year period beginning 06-01-2023 and ending 05-31-2024  
 Employer Identification Number: 85-3396161

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
EQUIPMENT	2022-06	13,344	3,481	SL	33.3000	4,448
<b>Total:</b>		13,344	3,481			4,448

2023 DETAIL STATEMENTS

PROFOUND LADIES INC  
85-3396161

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

INDIVIDUAL CONTRIBUTIONS.....	3,279
CORPORATE & FOUNDATION GRANTS.....	523,500
NON PROFIT ORGANIZATIONS GRANTS.....	41,250
REVENUE FROM GRANTS.....	25,000
PARTNERSHIPS.....	18,000

TOTAL CARRIED TO 990-EO PG 9 LINE 1F..... 611,029

STATEMENT #2 - OTHER EMPLOYEE BENEFITS (990 EO PG 10 LINE 9A)

EMPLOYEE INSURANCE.....	26,853
LIFE INSURANCE.....	247
EMPLOYEE WELLNESS.....	5,886

TOTAL CARRIED TO 990 EO PG 10 LINE 9A..... 32,986

STATEMENT #3 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)

POSTAGE AND SHIPPING.....	10,034
SUBSCRIPTIONS.....	4,363
EQUIPMENT SUPPLIES.....	3,308

TOTAL CARRIED TO 990 EO PG 10 LINE 13A..... 17,705

STATEMENT #4 - OCCUPANCY (990 EO PG 10 LINE 16A)

RENT.....	12,122
PARKING.....	2,838

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.....	70
TEACHER PREPARATION & SUPPORT.....	45,126
SOCIALS AND RETREATS.....	1,280
CONFERENCES.....	22,626
FUNDRAISING FEES.....	41
FUNDRAISING EVENTS & CAMPAIGNS.....	1,852

TOTAL CARRIED TO 990 EO PG 10 LINE 19A..... 70,995

2023 DETAIL STATEMENTS

PROFOUND LADIES INC  
85-3396161

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STATEMENT #6 - ACCOUNTING (990 EO PG 10 LINE 11C(A))

PAYROLL SERVICE FEE.....	3,133
ACCOUNTING FEES.....	10,080

TOTAL CARRIED TO 990 EO PG 10 LINE 11C(A)..... 13,213

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STATEMENT #7 - OTHER (990 EO PG 10 LINE 11G(A))

STAFF PROFESSIONAL DEVELOPMENT.....	2,351
STAFF DEVELOPMENT TRAINING & RECRUITMENT.....	310
STAFF CELEBRATIONS.....	859

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A)..... 3,520

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